DIFFERENTIATION IN THE SOCIAL EVALUATION OF WORK: AN INVESTIGATION OF STIGMATIZING CHARACTERISTICS OF DEATH-RELATED OCCUPATIONS

KENNETH C. SAUNDERS

A thesis submitted in partial fulfilment of the requirements of the Council for National Academic Awards for the degree of Doctor of Philosophy

November, 1991

School of Sociology
Middlesex Polytechnic

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ABSTRACT

At the theoretical level, the thesis seeks to confirm the significance of stigma and to analyse its social composition, classifiability and influence on certain occupational groups, an earlier research topic of the author, focussed here on death work. It begins with a critical review of recent theorists' attempts to grapple with the applications to and implications for socially discredited groups and practitioners. A synthesized model is then presented to reflect the crucial variables in stigmatization.

The occupational stigma concept as such, whilst the subject of a deeper theoretical examination in relation to such phenomena as status, prestige, public image and self-perception of incumbents exposed to it, must also be capable of empirical verification. This is provided by an examination of the changing social structure of the 'death industry'. Key ethnographic elements associated with the work of funeral directors, embalmers and gravediggers derived from fieldwork material are elaborated to establish attempts to enhance prestige and counter occupational stigma.

Further chapters focus particularly on forensic pathologists as professional doctors in death work, made most acutely aware of their marginality by medical colleagues' denial that they are healers. The reasons for the demise of the forensic pathology profession are critically examined with regard to how incumbents perceive their work and their propensity to manage stress. Stigma-alleviating factors are identified which attach themselves also to a recognised profession as distinct from other death occupations.

The thesis concludes by providing the wider cultural and social policy context for the changes that have occurred within the death industry and by offering a reassessment of the concept of stigma in the light of the empirical findings. The five-part appendix includes matters methodological, a discussion of stigma origins, cases studies, some detailed responses from the forensic pathologists and ideas for measuring stigma.

ACKNOWLEDGEMENTS

My deepest gratitude must go to my immediate supervisor Dr. Jeanne Gregory at Middlesex Polytechnic for her valuable guidance, constant encouragement and erudite support throughout this research. A great debt is owed also to Dr. Ken Plummer (University of Essex), my second supervisor, for making available to me the benefits of his experience, insight and academic wisdom. From an older association with a previous project of mine, I thank George Paton from the Aston Business School, for his intellectual stimulation on the few occasions we had a chance to meet and his stylistic advice on some of my drafts.

My thanks are due to the Dean of the Social Science Faculty for his interest in this project and to the head of the school of Sociology for assisting in getting it off the ground. The Polytechnic Resource Centre also helped with a small grant to cover some expenses as did the British Sociological Association to enable me to attend an important conference. I am very grateful to the Hendon Site Library staff for not only obtaining much of the source material, but also for their intelligent interest in matters 'somatological'.

I express also my heartiest appreciation to my many respondents for allowing their work routines to be disturbed by an information-hungry researcher and for agreeing to be pestered with questions over a period of four years. I mention special help in the field of Forensic Medicine from Professors Green, Knight, Mant, Cameron and Usher, and Doctors Hunt, Kellett, Torry and Goodbody, and in general medical practice, numerous doctors who responded to a shorter questionnaire. Also acknowledged is the valuable information from the (then) General Secretary of the British Institute of Embalmers, Funeral Director Philip Gore, Geoffrey Taylor, Principal of G.T. Embalming and Sheila Dicks, Principal of the Salisbury School of Funeral Directing and Embalming.

Of others not acknowledged in the body of the thesis there was a variety of private professional friends and acquaintances from disciplines outside sociology, among them a scientist, linguist, psychologist, industrial chaplain, building society executive, museum curator, computer buff and two accountants, whose patience must have been taxed by the frequent injection of death work into our conversations to bounce ideas off them. Finally I thank John Stingemore for his conscientious typing of the thesis.

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INTRODUCING THE SCOPE OF THIS RESEARCH

The Concept of Stigma and its Semantic Complexities

One of the principal aims of this study is to make sense of the term 'stigma'. In literature and the media it has in general been given a substantive meaning (see Appendix 2) which is to taint individuals or groups with a blemish or discredit. One is reminded of the concept of 'alienation' similarly treated until Melvin Seeman (1959)[1] attempted to split the term into a number of measurable psychological states. Likewise, stigma is much too complex a term to be used in a mere umbrella fashion and simply pass up shades of meaning, varying dimensions and possible categories in its application. Of the various stigma types such as archaic (branded marks on slave or criminal); pathological (characteristic of some disease); anatomical (natural mark on the body); botanical (part of pistil receiving pollen); and the plural term stigmata (denoting wound marks on the crucified body of Christ), it is the social meaning implying a mark of disgrace, infamy, opprobrious epithet, degradation, humiliation or other blemish, that will be of major concern in this study. Even in this context stigma is not completely explained for it may also embrace static or dynamic dimensions, constitute a phenomenon of varying strength and be capable of specific categorisations.

Socio-structural Aspects of Stigma

In terms of its origin, the term 'stigma' is traceable to the Greeks, and refers to marks on the human body that expose a blemished person as ritually polluted and to be avoided in public places. In the later Christian period, stigma referred to either skin eruptions as prima facie evidence of God's punishment or physical deformities. Additionally, most societies of the world have traditionally regarded varying disabilities as stigmatizing and the so deprived considered as an economic burden. Their communities subjected them to degrading treatment by placement in an asylum or otherwise withholding ordinary rights and benefits and, in this way, pronouncing these disadvantaged morally inferior. In the 20th century, however, enlightened industrial societies which could manage their resources have accepted greater responsibility for rehabilitation of the genetically and psychologically afflicted and for those whose abilities the economic organisation rejects. In this context, a number of American and English sociological researchers became alerted to the erstwhile neglected field of social stigmatisation and their published findings illuminated the problems of mental disabilities, ethnic group relations, deviance, poverty, class differentiation and community care. Further, social anthropologists have contributed to studies of contemporary cultures, particularly of the social behaviour of castes in India, of special relevance as a dimension of rigid stratification in Hindu society and the idea of 'pollution', when certain substances so conceived attach low status to those whose work requires them to handle these.

How my Interest in this Research Emerged - Scenes of Early Childhood.

Early life experiences during turbulent growing-up times may often account for the seeds of one's specific interest. My curiosity about work, lack of work, hospital and cemetery occupations (to introduce a personal note) is all bound up with childhood days in Vienna during the two decades from 1920 and the depression years. The dark picture about to be drawn is not meant to detract from the prevailing cultural milieu and the rich heritage of medicine, science, music, literature and architecture at that time which, however, tends to bypass a small child, whilst political strife and economic hardship leaves a much more profound impression. The Social Democrats saw their good intentions for social reform endangered by the reactionary 'Greenshirts' (A Home Defence Force) and to counter this formed their own protective corps of uniformed volunteers. Before long the unavoidable demonstrations resulted in street fighting and armed conflict with many casualties, all visible from looking out of the window of one's home.

Over-shadowing these events was the great world economic crisis affecting Austria, and the ruling Social Democrats could not solve their problems by the orthodox means of deflation and spending cuts. A coalition government was refused and desperate measures had to be taken to avert collapse. In 1931 the most influential banking house went bankrupt and the country was close to financial and economic disaster, this constituting one of the reasons for Nazi support by 1932. Not long after, the Social Democrats lost power to the authoritarian conservative Christian Socialists whose own basis of a conservative

social order was by then threatened by their two ideological enemies, the Nazis and the Marxists, with the Social Democrats now outlawed and driven underground.

The Stigma of Mass Unemployment

The above projected overview of general instability undermined the democratic basis of the First Republic and produced a number of serious political and social side effects. At the time of the Hapsburgs, Austria was a melting pot of different races, all competing for the limited work to be had. In the year 1932, the Federal Chancellor invoked strict controls under a resurrected war-time law and the consent of his political party, which not only curbed civil liberties through regulating the distribution of basic necessities, but also prohibited meetings and parades, as well as censuring the socialist press. Out of a population of just over 6 million, unemployment had by 1938 risen to very nearly 500,000 people. Of those who were in jobs, many did not work full-time. No matter the high aspirations of mothers in particular for their offspring to train for one of the established professions, or even for a commercial education or craft apprenticeship, very few such opportunities existed. It was less a question of what career to choose than being in work to survive, and for most of those available for work, any job would do. (Note 1) Special permits were needed for guest workers, and those working for an employer at home, as for example assembling jewellery or machining garments, received the poorest of pay. Completed apprenticeships meant dismissal as the employer wanted to avoid making increases in pay.

Even in those days the lowest status - and frequently stigmatized - occupations were sewerage workers, dustmen, roadsweepers, kitchen porters, grave diggers and rat catchers. Only about 5% of the workforce were to be found in the professions, and study to become a Doctor, lawyer or teacher needed money. Being out of work with no prospect of obtaining work was for many a citizen a depressing and desparate situation, with widespread anomie reflected by a crop of daily suicides, reported in a special column by one of the newspapers on every single day.

How Biographic Dramas and Inspiring Writers can Engender New Research Avenues

My recollections of the Viennese depression years include a range of personal dramas, to some extent a direct derivation of the social conditions already described. To give just one example, the (then) existing factory legislation did not sufficiently protect work people from harmful substances. Many months of inhaling the vapours of paint spray caused the corrosion of my father's lungs and later his premature death. The many visits to the hospital, followed by excursions to the cemetery, allows a young child the fateful opportunity to observe the culture of a hospital setting (the curious smell of ether, praying nuns and the buzz of officious people in white coats) as also the general ambience of a cemetery (men in black, preaching melodically to small groups of the bereaved amidst an atmosphere of smoke and burning leaves). Such memories, long stored away in my subconscious, came to the surface when reading Orwell's 'Down and Out in Paris and London'

during vacation work in Butlin's kitchen, and soon after, the prescribed University reading of Hughes' 'Men and Their Work'. Goffman's 'Stigma' and 'Asylum', and Durkheim's 'Suicide'. Durkheim's work was a forceful reminder of the pathological condition of Austria's anomic unemployed, some of whom when nothing was left for the pawnbroker and begging failed (Begging Day from shops allowed only on a Friday), no longer had the moral stamina to carry on with life and took to gassing or drowning as the most used method of suicide.

Orwell provided the inspiration for my research of kitchen porters, and Goffman an awareness that stigma could sociologically be related to certain kinds of work. It was a golden opportunity to convert a dormant interest into the modest endeavour of conceptually relating the two. Moreover, Hughes clarified for me the social means of work itself. I became aware that the very mention of such unsatisfactory designations as assistants, hands, labourers, service workers and indeed porters, at once attaches a discrediting label upon the job holder. It tends to project a social image of diminishing competence, inferior intelligence, minimal (if any) training, the lowest levels of skills and a reduced capacity to make a useful and telling contribution to the overall wealth of society. Added to this are the apparent characteristics of a limited educational requirement, the often heavy physical, dirty or socially demeaning work, unpleasant working conditions and not untypicaly casual or low income. Hence, the social stigma of occupations and the lower-grade worker in service organisastions became my research objectives aside from the full-time lecturing positon in Wolverhampton during that period. Aston was the

nearest to interest in my project and I registered as the first part-time mature research student in the Behavioural Sciences of that (then newly established) University.

The key theme was occupational stigmatization in the British Hotel and Catering Industry (Saunders, 1981)(Note 2) as a pilot study, although the hospitality industry intimated that a study of kitchen porters could never succeed. The (so-called) plongeur in the hotel and catering industry is variously described in the 'trade' as vagrant, unemployable, scum, crook, dodger, alcoholic and similar, drifting in and out of the industry, and with every manager, chef, cook, apprentice, having their own story to tell of the kitchen porters they have met. However, my pioneering research did succeed. It tackled firstly work values - the function and centrality of work, evolutionary perspectives, subjective meanings and theoretical approach to work. It investigated the concept of 'occupational stigma', its causal elements, its anatomy and composition, and the social reactions towards the so contaminated. It introduced the idea of stigma continuum in relation to the occupational ideologies of individuals. The eventual findings pointed strongly to a universal and persisting tendency (cutting even across cultures) to attach a low social evaluation to certain types of work and to certain categories of incumbents associated with such work.

The project may be seen as a study in depth which, in sequence, diagnosed the existence of stigma, seeking to establish its origins from an evolving work ethic; traced the effects of its perpetuation through occupational evolution; and offered authentic empirical

evidence from the target population by means of a representative sample of an exposed occupational group - that of the kitchen porter. The net of the project was then spread wider. It presented a sociological view of the institutional components of the hotel structure and specific levels of behaviour in hotel kitchens as social systems, together with an ideal-typical model of the hotel system at micro-level as an on-going organisational unit and its institutional elements. This view found support in a wider context by the inclusion of a diagrammatic presentation of the entire structure of the hotel and catering industry in Britain and its diverse segmentation. Another part of the project extended the earlier theoretical treatment of occupational stigmatization by an examination of the characteristics of stigmatized industries and their occupational afflictions - concentration and fragmentation, seasonal fluctuations, environmental influences, tradition and change. Apart from the individual (lowly ranked) occupations such as janitor, night-watchman, hospital porter, car parking attendant and dustman, and their exposure to stigma, the study appraised whole industries - the Clothing Trade, the Building Industry and Household Service, which were examined in terms of their stigma effect. In a narrower sense, the hotel kitchen provided a particularly fertile field for investigation. Two examples will offer a good illustration. The discussion of roles, tension and informality in such kitchens has shown how the menu structure on offer to guests can determine the hierarchy of statuses. Whyte's sociological research of the American restaurant industry and its problems during the war years was of particular interest here. It discovered that the ingredients

handled by the less skilled assistants on food preparation influences their status and the privileges accorded them.

Secondly, the recipe affects the various grades of chef also. My research discussed how the recipe determined strategic social action in the kitchen. Not only does it standardise the ingredients, mode of preparation, size of portions, quality and cost, but also determines the status hierarchy of staff. If there is a recipe bank of stock choices involving a repetitive cycle of fairly routine operations, its effect is a downward progression of skills and the employment of semi-skilled personnel. By this means, intrinsic creative enjoyment is drained away, only to be replaced by drill and functionality. So, the erstwhile chef elite tended to be substituted by a kind of shop floor routine, where artistry gave way to motion study, measurement, speed and monotony. I have referred to this development as the 'Recipe Effect'.

Whyte's other important contribution (which my research has confirmed) is the so-called principle of 'Originating Action'. The chefs and cooks performing specialised functions in large kitchens are very sensitive to status. They do not take kindly to someone, such as a waitress or commis waiter originating action for them. For example, the kitchen is part of a communication system which operates to get the food to the customer. In small places, friction is less likely as coordination and communication are simple, but when a restaurant operates on several floors, face-to-face relationship may not be possible. The cooks work under pressure as food is demanded quickly

from several stations while the quantity they are allowed to prepare in advance is limited by cost and waste. Thus, when cooks fall behind, a chain reaction is set in motion, from customer to waitress, then to service pantry and to runner who supplies the cooked food. If a runner asks the cook to prepare some more salmon salad, hell may break loose. The low-status runner has attempted to initiate action for a cook.

Chefs are still an autocratic breed. It is a custom accepted and tolerated by kitchen staff. Historically, status systems were distinct when French chefs ruled the world of fine cooking. The ranking order revealed iself by a variation in uniform or dress. In more recent times, the chef's influence has weakened with the advent of the modern kitchen where female cooks and food technologists play a more prominent part. The general social standing of kitchen staff has been found to rest on social background, skill, earnings, seniority and the flow of work. Those working on the finished product enjoyed a higher status than those working on the earlier stages of production. But it may be noted that in comparison with a factory, the restaurant combines the production and service function. Whilst my findings confirmed the prestige value (or otherwise) of the materials used and the enhancement (or loss) of status, with its consequential effects on intrinsic work attitudes or conflict, my model of the common stigma characteristics in selected low-status occupations includes also the tools to be identified with the work tasks as the means by which occupational stigmatization is pronounced and identified with a particular occupation. The example of the role of kitchen porter illustrated this forcefully.

Other than perhaps one or two occupations that suffered a moral dilemma (and the oldest profession may be a case in point), most of the social writers and researchers over the last few decades have concentrated more on high-prestige occupations whilst the atypical groups at the bottom of the heap have not been looked at. In the case of the kitchen porter, as a core occupation around which I chose to research the hospitality industry, I wanted to discover whether the well-known discrediting attributes accorded him were in fact an undeserved blemish. The occupation and its individual members were all found to be subject to stigma although only a small proportion appeared to justify the derogatory image. It consisted in the main of a large floating population of some hundred thousand in number, of which many have no permanent home, are poorly educated, suffered the break-up of family or have experienced the hospitality of an institution. But it was most startling to find that near 50% admitted to having a serious physical or mental disability, 21% suffered from minor disorders and 20% did not admit a disability at all although interviews revealed a large number to be incapacitated in some way. My examination of the Registrar's Decennial Supplement for England and Wales for 1971 showed the kitchen porters' rate of suicide to be higher than that of hospital porters, caretakers, service workers, cooks, clothing workers, building workers, waiters, nightwatchmen, car parking attendants, dustmen and head hall porters, whilst the mortality rate was the fourth-highest of all these listed occupations.

My investigation also pointed to the significance of tools, such as a scrubbing brush, washing-up cloth, pot cleaner and detergents; these

are tangible objects as well as concepts, as we can identify them with the work tasks of an occupation and a vision of the incumbent. The kitchen system also has a work flow in reverse: a mass of dirty plates, dishes and pots. In rush periods these rain upon the (usually) understaffed dishwashers and plongeurs. Such people work long hours in hot and steamy sculleries and often serve as outlets and scapegoats at moments of bottlenecks or frustration in the organisation, and as butts of bad-tempered kitchen staff. These porters are rarely consulted by management, receive little or no training, have no customer contact, perform their work behind the scenes in isolation, and do not normally have the benefit of a career structure. That part of the study traced kitchen porter work through some 800 years of history to show how during the successive stages of time stigmatizing influences remain attached to incumbents to transcend events, social settings and culture. This was followed by an exhaustive survey in eleven Midland towns and cities. A special grading was devised for a sample of 70 hotels, and from kitchen porters' information in thirteen areas of their life/work experiences and attitudes obtained, which produced a hitherto unsuspected stereotype and validated a number of my propositons. A typology of subjective socialisation patterns for occupational stigma was also constructed which can be applied as a scheme for categorising lowly-evaluated occupations, such as road sweepers, railway porters, lavatory attendants, drainage workers, shoe-shiners and refuse collectors, among others. The study included a chapter on methodological problems also, and the concluding observations offered some thoughts on a possible re-orientation of managerial attitudes towards a work-related socialisation process that

may eventually reverse discriminating public images towards lowly esteemed occupations in society.

Death-related Work - A New Dimension of Occupational Stigma

At the time of my hospital porter research some 19 years ago, one respondent described to me some of his experiences in the job. The police, for example, often bring in drowned people fished out of the river. Some corpses are large and bloated and have to be punctured before they can go into a standard sized coffin. The undertaker should really do this, but for a small tip such work is left to the porters. Tall people are also a problem. To get them into the box they have to be shortened and a porter would amputate the feet. Hunchbacks present the biggest difficulty because their backs have to be broken to get them into the coffin. (McIntyre, 1971)(Note 3) For years these stories bothered me. I also pondered the definition of death, about which to my mind there was a paradox. Blood, bones, kidneys, livers, and hearts have been removed from dead animals and transplanted successfully. Evidently death of the whole organism does not mean the death of each constituent part. The general practitioner and the funeral director relate death to the whole patient, but a transplant surgeon sees the death of an organ simply as its failure to function in a recipient body. Rogers and Hillman (1970)[2] confirm that a biochemist's perspective is different yet again, where death may be the failure of a slice of brain, liver or kidney the size of a postage stamp. (See also Hillman, 1978)[2] The upshot of these thoughts generated questions to myself, such as what it must be like to perform

sustained death work as a career. It opened up for me another dimension in the sociology of occupations research.

If death occupations are seen as a continuum, one may place at one end a coffin maker, or laboratory assistant helping in the manufacture of embalming liquids, both somewhat remote from contact with a cadaver. At the other end are the forensic pathologist and the embalmer, handling in some way dead bodies virtually every single day. In between these extremes may be found a variety of skills spread over all the segments of the death industry from coroners, policemen and chaplains to hospital workers, pallbearers and stonemasons. In this research I have chosen four occupations whose work is in close proximity to the body and permits at the same time a graduation of relative standing in terms of status and prestige: the grave digger in manual work, the embalmer as technician, the funeral director as mainly an administrator, and the forensic pathologist, formally recognised as a fully qualified professional. Separate chapters are devoted to each of these occupations as a study in some depth.

Death itself is surely an emotionally-laden subject that conjures up all sorts of fearful images and engenders particularly in those in daily contact with it visions of disease, contamination, dissected parts and decomposed bodies, as well as serving as a reminder of their own mortality. So the more we can avoid contact with this breed of people the better we seem to like it. It is psychologically a normal reaction born out of the images and the uncertainty of the concept of death and its effect from a variety of experiences and hearsay upon us.

The association of death in the consideration of occupational stigma is thus an additional dimension to other stigmas bearing on some kinds of work and I must shortly allow some space for discussing the causes of these death apprehensions more fully. The link between death as such and death-work, and its effect upon the perception of incumbents in death occupations will need to occupy us first.

Secular Anxieties of Death - Some Social Constructions

The meaning of death has now moved from the sacred to the secular. Instead of an afterlife, it is seen as the final part of this world, so that without a sacred meaning to neutralize its evil, the idea of death has become almost 'dirty', not fit for polite society. If death has to be confronted, it must either be avoided or denied. A good way to avoid it (and not having to lay out bodies in the home for viewing, as was the case in the past), is to hand over the unpleasant contact to the funeral director. In another sense, death can also be avoided by dying out of sight, that is dying in institutions. Relatives cannot be in a hospital all the time and children are not allowed to view the process in any case. Hence, death is removed to special or specified areas and when it occurs elsewhere (in a train or in the street, or even at home), it shocks us all the more. As Fulton (1967)[3] has said, those close to death and the elderly in particular are, like lepers once were, removed from view to await their fate. Death is a taboo subject in conversation also and many people try to banish it from the everyday arenas of their lives. It has been suggested by Kamerman (1988)[4] that denial is another response to the shift from a

secular orientation towards death. It can take two forms. One is for an embalmer to make the corpse seem life-like and give the viewer the impression that the 'loved one' appears healthy and radiant. Euphemism is another form of denial with the aim of calling someone distasteful or objectionable by a less offensive name in pretence that it is not so bad after all. The idea of the dear departed or our beloved having gone on a trip, is an example of presenting death in a more palatable way.

As to the fear of death, Dr. Wilkins (1990),[5] a Psychiatrist, has recently identified five kinds: the fear of being buried alive; the fear of posthumous indignity; the fear of bodily disintegration; the fear of being forgotten; and the fear of ignominious death. A few comments on each of these fears seem appropriate at this stage. Premature burial is a fear that stretches back to ancient times but reached its height in the 19th Century. The medical profession is deeply suspicious of these claims, although the possibility of this ever occuring (if rare) is conceded. Wilkins quotes a number of instances from history of people diagnosed by their doctors as dead, who were subsequently deemed to be alive. Doubters have their own explanation of muffled cries for help from the coffin (just a post-mortem belch), of contorted facial agonies (only the effects of rigor mortis), or of coffin noises (merely caused by gases from the putrefying body). Certain states like 'Thanatomimesis' or 'Catalepsy', faints or trances, may revive from a sentient corpse to escape the grave. There is not, so far, an absolutely foolproof test for death and transplant surgeons in particular need to be vigilant that hasty

diagnosis does not occur. As concerns the second fear, everyone has a right to be laid to rest undefiled. The fear that one's carcase may be exposed to indignity is deep-rooted and primitive. Wilkins has no doubt that the chances in Britain during the period 1780 to 1830 of being dug up and removed from one's coffin were infinitely greater than being placed in one's coffin whilst still alive. It was, of course, a time of grave-robbing, as surgeons could not legally procur an adequate supply of dead bodies for dissection and the teaching of medical students. The famous were often defiled. In Wilkin's words, the more pious a man's life, the more likely were the chances of his anatomical parts being stolen or venerated after death. Among the more recent examples is the theft of Maria Callas' ashes, Charlie Chaplin's body, the attempt to steal Elvis Presley's remains from its marble mausoleum, and the auction of Napoleon's mummified penis at Christie's, which had gone through many previous owners, but did not reach its reserve price. Necrophilia (sexual intercourse with a corpse), a greatly reviled perversion, also comes into this category of posthumous indignity.

Many a fear is of bodily disintegration. People who can face death with a certain amount of composure abhor the vision of slow body disintegration in its grave. Various civilisations have attempted to arrest or delay this process. Chapter V, dealing with embalming, touches on the early methods of mummification in Egypt. This art evolved over a time scale since before 1500 BC and often required the removal of internal organs. The brain was never preserved as the Egyptians considered it a part of no importance. Other organs, prone to putrefaction, like the eyes for example, were removed at the initial

stage. Female reproductive organs were always removed whilst a man's penis and testicles were usually left in place. Dehydration of the body, stuffing and bandaging were some of the early embalming methods, not always successful. Most experts now distinguish between naturally desiccated mummies and artificial creations. Head shrinking as a form of preservation was more usual among the head-hunters in South America. The widow of the Elizabethan explorer and writer Sir Walter Raleigh, for example, carried his embalmed head around in a leather bag. Today, embalming is essentially a process of short-term preservation.

Many people are anxious to leave something behind them when they depart. If there are no children, it may perhaps be a piece of artisitic or literary work which they can bestow and by which they can be remembered. In other words, the fear of being forgotten after death grips many of us. It would be as if we had never existed, a most disturbing realisation. And yet, as Wilkins rightly points out, in human history billions have departed this world, unlamented, unrecorded and unremembered, and countless will no doubt follow. There have been through the centuries many diverse strategies to increase the likelihood of being remembered by future generations, such as imposing or eccentric memorials, burial close to the famous, or close to living relatives. The rich and the famous used to demand burial in the church, or churchyard as the next-best thing. As a result, churches became crowded with the bodies of the dead, and all the attendant risks to the health of the living. For those who had to be content with a place in the churchyard, the existing status hierarchy posited the favoured close to the altar wall to accord the deceased the best view

of the rising sun on Judgement Day. Suicides were not often buried in consecrated ground, but if they were, it was to the North as a symbol of public reproach. Memorials require, however, space of which this country is particularly short. During the 19th century cholera epidemic there was talk of a single necropolis for London, which could accommodate 1500 bodies, but the (then) Bishop of London was just one of the voices that disapproved of the dead from widely different social backgrounds travelling on the same Necropolis Railway and regarded it as 'offensive'. Wilkins' book makes reference to a certain Thomas Willson who wanted to erect a giant pyramid on Primrose Hill in London to house 5 million bodies in many rows of alcoves and the whole structure to resemble a beehive, but we are not told why that venture never came to fruition. Presumably, it was the novelty of space-saving cremation that gained favour, although opposing forces (on other than religious grounds) to reduce the body to ashes do so on the grounds that this step makes it even less likely that it will be remembered. To deal with the fifth kind of fear, that of ignominious death, one may distinguish between good and bad death. Our cultural norm assumes dying pain-free, in one's own home, surrounded by family and friends (who would ensure dignified interment) is probably what most people would choose. Wilkins discovered Middle Age treatise about the art of dying well (ARS MORIENDI) and describes some cases where this applies. Of greater interest, however, are his historical examples which illustrate the ignominy of death (MORS IMPROVISA), or shall we say, sudden death, which incidentally will become a significant variable in the forensic pathology chapters of this study. A general perception is that Royalty die with composure and serenity, but this is not always

the case. Charles II died of violent convulsions whilst twelve physicians and blood-letting could not revive him, but his effigy at Westminster Abbey gives him eternity. Richard II's corpse was stripped naked to a horse, following brave death in battle, and exposed so in public before burial in an unmarked grave. Elizabeth I's body exploded to split the coffin's wood, lead and care-cloth, which was attributed to gaseous decomposition, George II experienced the indignity of bleeding to death in his lavatory, and Edward II was tortured to death. Suicides could be added to this category, but the fears which prompt this act arise from the problems of life rather than death. It is a deliberate decision to avoid the indignities of old age, senility, physical or emotional pain. Wilkins points to mental imbalance as one of the reasons for suicide and in the macro sense regards it as a disease of civilisation (since members of primitive societies have not been found to kill themselves). Attitudes vary with country, religion and historical time. It is in this country no longer a criminal offense. Durkheim's classic work alone makes this a big subject. Although his work is not under review here, his groupings make an interesting comparision with those of Wilkins, who classifies suicides as honourable, imitative, exhibitionist, eccentric, revengeful or romantic, and also includes an analysis of suicide pacts (illegal in certain circumstances under the 1961 Suicide Act as revised in 1978), and mass suicides.

Careers in Death-Work, Social Attitudes and Stigmas

Chapter III offers a broad view of the 'Death Industry' in context to show its structure and functions. Metaphorically speaking, its various segments represent the oceans in which my four researched occupations (Forensic Pathologist, Funeral Director, Embalmer and Grave Digger) are the fish that sustain it - those that are in immediate or close contact with the cadaver. My investigation observes the scenes and actions in sociological waters so that matters of interest will emphasize in discussion such aspects as professional autonomy, professional ethics, colleague relationships, ideological matters, occupational socialisation, power relations, mistakes connected with the work, alienation, distinguishing factors between profession and occupation, occupational marginality, ethnographic experiences of incumbents, de-skilling, self-perceptions relative to the nature of death work, occupational histories and most of all the association of the work activities with stigma and the forces that tend to counteract it. But to round off my introductory picture there is yet another connection with the fear of death briefly to touch upon which I would call the 'integrity of the species'. It demonstrates how some fears of death and death work are directly related, and how this link provides the basis for branding such occupations with the 'Mark of Cain'(Note 4).

One could postulate firstly that stigma is a phenomenon that derives directly from the need of a species to survive, where the term 'survival' may be taken to include the propagation and preservation of life, and the capability to perform such normal activities that are a

part of it, if that species is not to be stigmatized by other species. It would further include the need to ward off predators (harmful germs, perhaps), the ability to reproduce, to be able to maintain the quality of one's life and the endeavour to avoid mutation of the species. A second postulate, (one could argue) may be that many stigmas do not necessarily spring from the rational or higher part of the brain, but can come from one's subconscious and give rise in humans to feelings of discomfort or threat. Thus instinctively, and often irrationally, our perceptions are (for example), that a depressive can't fend for himself, that the violent harms the quality of life, the ugly interferes with the physical form, and the dirty and germ-laden contaminates others. Similarly scientists are stigmatized because they dissect facts (inventing the bomb), which suggests they care more about facts than the well-being of people. Some Darwinian associations in this reasoning are not denied. Translating the, at least partial, irrationality of such public views into an occupational perspective of death work, a forensic pathologist may be labelled psychopath or weirdo, who wants many bodies to cut up; the funeral director may be seen as rejoicing in the good fortune of his booming business at what is after all traumatic for his clients, competing moreoever, with other undertakers for bodies and exploiting the bereaved with overpriced funerals, although being kind to them as the clients of the future. Similarly, the embalmer, like Dracula, is then perceived as draining blood from bodies, pumping formaldehyde into them (extracted from boiling ants), as more interested in their appearance than medical value, and as contaminating others by the neglect of protective action,

whilst the grave digger, devoid of intelligence and possessing the same skills as a murderer, then tries to hide the body.

Clearly folk wisdom (the social) and not infrequently mild phobias (the psychological) make people receptive to certain, not always rational, culturally-adopted assumptions about death. In communication and interaction with others these beliefs and fears are acted out by a general public actively dissociating itself from particular social contacts (or at least feeling apprehensive of them) when dealing with members of particular social groups. With the death occupations, stigmas therefore result from irrational fears and attitudes - 'they all want my body' - which is not to say that members in these occupations do not experience similar fears and perceptions about death themselves. Although not within the premise of this study, one is aware of the connection between cultural and genetic phenomena with its many complexities still unsolved. Instinctive fears surface in the mind of a lay public as soon as death-work is mentioned, well before the same public reflects upon the necessity and usefulness of these jobs.

Chapter Content in Outline

Chapter II introduces some landmarks relating to the origins of stigma (of which a detailed version will be found in Appendix 2),attempts to define the meaning of the concept and its various types, and critically reviews the approaches of a number of writers (Spicker, Page, Titmuss, Goffman, Shoham, Ainley and Jones) during the last two decades, who

have grappled theoretically with its implications for and the applications to target groups and individuals in a variety of social settings other than the world of work. My concluding comments then present a synthesized model of the crucial variables embedded in such marked relationships as a version of the anatomy of stigma, showing the dimensions affecting the degree of discredit, the process involved in the projection towards the objects of blemish and a typology of stigmatized behaviour. Chapter III presents a profile of the changing structure of the 'Death Industry', not previously subjected to a systematic analysis, of all its varied segments and examines its contribution as an on-going economic and social mechanism within which a relatively small labour force of fewer than 10,000 people, active in heterogeneous occupational and professional grades, handle the administration and disposal of some 600,000 cadavers per year. Chapters IV, V and VI deal with occupations concerned with the actual disposal of the dead. Funeral Directors love to see themselves as truly professional, although the designation of 'quasi-professionals' might be more appropriate, so long as they have not fully met some sociologically-defined attributes that make a profession.

Chapter IV looks into how undertakers emerged, their fortunes in transition and the ghastly side-lines that may enhance their prestige and counter the stigma and abuse (in some cases not unjustified) with which this specialism is having to cope. Five case profiles presented in some depth give an authentic view of how undertakers perceive the job of transforming dead bodies into living memory, and a substantive model at the end indicates how status-diminishing criteria can be

offset by enhancing ones. The big boys (sic) of funeral directing have absorbed many of the smaller ones and not only practise economies of scale (where fixed costs can be as high as 80%), but also attempt to conquer new markets and diversify into insurance, funeral homes, cemeteries, cremation, masonry, coffin production and embalming.

As to embalmers, discussed in chapter V, they are indeed at the sharp end of things, performing not only routine cosmetology on some 10 or more bodies each and every day, but have also to deal (in undertakers' language) with 'bad remains' as a result of an autopsy or accident, to produce some kind of normality of the visible parts at least, to enable the presentation of a peaceful image to the viewing relatives. The embalmers themselves see their art (and science) as almost a revival of the practice in ancient civilisations. However, there is no comparison with the realities of today, which involve the scientific treatment of the body of a deceased, to ensure it is free from infection and at the same time giving a sense of consolation to the bereaved until the time of the funeral. Thus, the purpose of modern embalming is esentially a hygienic, but short-term means of preservation. Similarly to funeral directors, there are examinations to pass to gain professional membership. The former see the embalmer as a technician to whom the less pleasant and often gruesome tasks can be delegated. At best it is as yet only a 'semi-profession' without the elevated status of a doctor, although the examination syllabus compares favourably with that of first-year medical college. Embalmers do suffer traumas, especially during the early stages of their training, attempting to erase psychologically their hurtful experiences by elaborate ceremonials at

meetings and conferences and excessive jollity during social occasions. The grave digger (presented in chapter VI) is also ancillary to the task of disposal of the body. His reputation was spoiled long before the heyday of the (so-called) 'resurrection men' or body snatchers Burke and Hare, most often by the way in which this occupation has been caricatured in English literature, and is today still without an occupational identity in the 1981 Census classificastion. This chapter relates the work experiences and self-perception of the grave digger, based on five case profiles and ends with an examination of his social position, taking in also some positive aspects of the work that emerged from the research evidence gathered.

Chapters VII and VIII focus on the profession of forensic pathologists as a major part of this study. This kind of work is held in awe by the wider public. The laity is known to fear and distrust corpse handlers in whatever capacity. It is the plight of the pathologist to face the body wherever (and in whatever condition) it is found. Relatives can be consoled by undertaker and clergy, but for the pathologist there is no escape once the morgue door closes, and he is faced with the gruesome task of violating the most intimate individuality of the cadaver. The science of forensic pathology has a proud record, however, and in theory this small band of experts (under 50 for the whole country) should enjoy the highest of statuses, having regard to the ever increasing violent crime against the person, as it also did in the years when such charismatic figures as Spilsbury, Camps, Simpson and Teare dominated the scene. Instead, one observes lapsed chairs in universities, a fragmentation of specialisms in the field, and so

consequently a decline of this profession's power and prestige within medical science, where this body of people are perceived as 'non-healers'. Recruitment has declined and career structures are criticised as inadequate, whilst these overworked enthusiasts carry the profession forward despite the fears and limitations. Of course, there is evidence of a regular stream of case papers and some sophisticated research, to counter the image of a marginal profession, but the aging membership and its leaders are most concerned about the very survival of the specialty and the delay in the implimentation of the Wasserman Proposals (HMSO 1989) designed to tackle its various problems. The concluding chapter (Chapter IX) is divided into two parts and discusses also some contemporary issues. It profiles first the historical and theoretical aspects of stigma, gives recognition to the emerging speciality of the sociology of occupations and explains how the concept of stigma can be applied to lowly-evaluated work roles in society, as well as to roles associated with death work and its effects on incumbents in particular. The disruptive potential of death is then concentrated on the four specific occupations which have been the subject of this research so as to establish their current status and future prospects, indicating that they needed to be seen in the context of the structural setting in total of a hitherto unresearched death industry gleaned from a social perspective. In the second part, the chapter then illuminates some related areas from a wider perspective: it identifies distorted cultural perceptions of death in the community; detects a neglect of death education in schools; questions whether we are a death-denying society; illustrates how mental health professionals are affected by 'deviant' work; contrasts the English

way of death with the American scene, and focuses once more on the four occupations examined in this project to portray their (so-called) marginality and assess their future prospects. The chapter also dwells briefly on the complexities of the discrediting stigma attribute once more and ends with suggesting avenues for extending this research as well as offering ideas on how methods of measuring stigma could be further developed.

FOOTNOTES

1. This brings to mind a well-known study by a group of Viennese social scientists entitled 'The Unemployed of Marienthal' (1932) translated into many languages and still a standard teaching aid in many social science schools around the world.

2. Conrad Saunders (1981), Social Stigma of Occupations: The Lower Grade Worker in Service Organisations, Gower. This book was based on the Aston University Thesis under the title of Occupational Stigmatization in the British Hotel and Catering Industry for an M.Phil. and completed in 1976.

3. John McIntyre (1971-1991), continuing exchange of letters with an old friend who in his younger years (circa 1938/9) worked as washer of dead bodies and grave digger. He is now self-employed in Hamburg as translator and linguist for international and other patent agencies and industrial undertakings. His most recent letter was received on 3rd January, 1991.

4. This quotation relates to the famous legend about the eldest son of Adam who killed his brother Abel. According to Gen. 4, the first act of fratricide. Related to occupations, Cain became a fugitive thereafter and moved with wife to Nod where a son, Enoch, was born to them. The genealogy which follows sets the descent from Cain to Lamech and their occupations of cattlekeepers, musicians, and workers in metal. The quotation is further discussed in the Appendix Part 2, dealing with the Origins of Stigma on pages 3-5.

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CHAPTER II

CONTENTS

THE SOCIOLOGY OF STIGMATIZATION - Reviewing the Theoretical Approaches in Significant Literature on the Subject

CHAPTER II

CONTENTS (Continued)

CHAPTER II

THE SOCIOLOGY OF STIGMATIZATION – Reviewing the Theoretical Approaches in Significant Literature on the subject

The Origins of Stigma – Selected Historical Indicators.

Problems of Definition

There are several difficulties to begin with in an attempt to provide an adequate definition of the concept of stigma: it is variable, ambiguous, bound by history, culture and environment. Social analysts of society in their endeavours to make sense of it have testified to its elusiveness and definitional complexity. For example, the late Erving Goffman, addressing himself to the topic in 1963, gave barely half a page to its definition, although (as will be noted later in this chapter) he deserves to be credited with an attempt to segment the term into subdivisions. We cannot be certain of how stigma originated. Its origins are characterised by many levels, dimensions, directions, faiths, nations, races and distinctions of gender, all ranging over a vast historical space. Possibly, the ambiguous nature of the concept might be overcome by crossing the disciplinary boundaries of Ancient History, Biblical Mythology and Social Anthropology, when considering its equivocal nature from different vantage points. This I have attempted in my detailed investigation of the stigma origins in Appendix 2, of which in this introductory part to the sociological theory of stigma, I offer only a brief survey.

EXAMPLES OF THE TERM "STIGMA" IN MEDIA USAGE

The Relevance of Classical Greek Literature and the Testaments

In classical Greek literature around 484-347 B.C., the term 'STIZO' denoted some physical mark or brand on cattle as a safeguard against theft, but could also be applied to the human body as a sign of disgrace if a deserting solder, or mark of punishment upon those guilty of a criminal act, as apparently the first known social slur on individuals or groups, although Herodotus has also referred to 'sacred marks' as a sign of religious devotion to honour the Gods. Another point of entry is via the biblical mythology and to scour the historical incidents of physical distinction that would be symbolised by some kind of stigmata. By these means one discovers stigmas to convey the badge of slave ownership, inscriptions of God's name on the palm of a man's hand as a promise of fidelity, or the practice of a fertility cult in apostate times. The rubric of Leviticus expressly forbade the imposition of real stigmata, but pagan symbols were forcibly stamped upon the Jews at the Hellenic persecution during the inter-Testamental period. The loyal Jew regarded tattooing with disfavour in any case and saw no need for other religious marking as a badge of election than circumcision. The biblical story of 'The Mark of Cain' also bears relevance, not only to Cain as the accursed wanderer with God's mark on his forehead, but to an account of the deep-rooted antagonism of the farmers towards the nomadic shepherds as well, whose flocks menaced the crops. There are in the New Testament some references to stigmata from the Galatians and Philippians as the Christian counterpart to Jewish circumcision, marking out the new

Israel as a sign of messianic hope for the ultimate eschatological fulfilment.

Other Indicators in the Origins of Stigma

Apart from the physical marks of bondage, the Greeks attached also a moral failing to bodily marks of the bearer if he or she were maimed, lame, or impaired in some other way. Deafness, for example, was equated with a mental defect and the act of adultery invited the stoning of women for breaking this norm. Such historical incidents as cited so far demonstrate some of the earlier forms of stigmatization, now to be supplemented by examples of other kinds of blemishes, such as pollution, dirt, defilement and impurity. Whilst the founders of sociology probed the causes of social harmony and social change, pioneering anthropologists interested themselves in directly observing other cultures and compiling ethnographic data with a view to contributing something substantive in the way of concepts and theories.

Sacrifices, magic, totemism, rituals and pollution were some of the practices that captured their interest. Such attributional characteristics as bodily filth, forms of sexuality and the various purifying rites, sanitary disposal of the dead and dietary codes, can once more be traced back to classical Greek culture and the theology of the Testaments. Individuals who are in some way exposed to, or contaminated by, dirt or other kinds of impurities upon their person, are liable to be shunned or discredited by those others for the time being not so affected, particularly so if the offending attribute can

be smelled, can be seen, is known to be contagious or discrediting. Goffman's studies, shortly to come under review, amply testify to that. Among the sociologists who have been interested in the phases of the civilising process were Weber and later Gouldner. The former's interest in the rise of capitalism led him into the monumental study of the religions of India and China and of their difference from Ancient Judaism. He managed to show that the principal low status groups during these times were the slaves and women, but also that Israelite legislation required the practice of benevolent slavery, which at that time was a natural and indispensable instititution. Gouldner interested himself in the social division of classical Greece where, he suggested, large areas of social disorder needed to exist to enable a cheap supply of slaves to be maintained at a time when religious ambience was still one of belief in a divine influence on human life in a society with a small privileged elite, marked out by talent, leisure, vocational choice and all the intrinsic benefits of Athenian life.

Discrediting Attributes of a Racial Nature

Stigma, as an umbrella term, embraces a large number of labels to include physical as well as social discrediting attributes, which by itself is a good reason for giving more detailed attention to definition and meaning of the term in the later parts of this chapter. My attempts to delve into the stigma origins was also encouraged by the fact that this had not been considered from the vantage point of ancient cultures before. Appendix 2 gives detailed attention to this area of research, as well as clearing up the long-standing confusion

between 'race' and 'ethnicity' and enlarging upon the subject by a case study of racial stigmatization which, in tracing the origins of antisemitism from one of its earliest recorded instances (that of the burning of the Jewish temple circa 400 B.C.), takes the discussion right through over Greek and Roman attitudes towards assimilation, Christian charges of deicide, Islamic restrictions and the popular lore of the Middle Ages depicting the Jews as having horns, a tail like the Devil, and a distinctive smell. It was also an era which marked the beginnings of accusations of ritualistic sacrifice and desecration of the Communion host. At the time of the Black Death (1347-1350), the Jews were accused of causing it by the poisoning of food and wells. The discussion then touches upon the subject of Ghettoes in Italy, dominating the Jews over three Centuries, and on the intensified Lutherian hatred by the vigour of his faith, but does not extend to Modern Europe and the most vicious 20th Century manifestations of antisemitism and systematic genocide that swept through Germany, said to have had its roots in biblical times.

Concluding Discussion

To address oneself adequately to explaining the concept of stigma in a theoretical sense it is necessary to breach the boundaries of disciplines. Equally, historical landmarks can be illuminating. For example, the Bible may be seen as an enlightening repository of events during the crucial stages of human development. Established myths in the minds of people can become the outlines of culture and in general represent stories that characterise a given society. Myths have often

aided anthropologists like Malinowski and Levi-Strauss in their explanation of tribal beliefs. If one considers the classical times of Greece, one discovers victorious Olympian gods over the barbaric Titans, then ideals of polytheism, aristocratic individualism and finally militarism. There is, however, also a sociological perspective. Greek society was based on exploitation and class differentiation in the triadic form where the highest status was accorded to the 'full citizen', with resident aliens and groups of slaves of a much lower order.

By another line of theoretical argument, this discussion is not just about the recognition of paradigms. Stigma, as will be seen later in this chapter, involves the dramas of life events and the related pains and triumphs of real people. Equally, stigma is not just about stigmata, the physical branding and marking that has been described. Its multiple dimensions embrace questions of morality, devaluation by disfigurement, character blemishes and the behavioural responses to these; and of sociological relevance, the attachment of a social label upon the affected and their propensity to cope. The Greeks ostracised individuals and groups as a result of disgrace and enforced exile for long periods often occurred. Women and slaves were in a subordinate position in law by reason of their dependence on others for their existence and status; similarly the poor could not compete. The status of women was altogether ambivalent as, on the one hand, they were seen as the source and providers of life and on the other the physically, morally, socially and intellectually weaker sex, the she-monsters of Pandora-like outrage and devilish cunning.

In sum, the more detailed discussion in Appendix 2 comments in the context of stigma on the influence of the Testaments, discusses the intellectual impact of sociological interpreters, includes the concerns of rituals, pollution and dirt; and it probes the limitations of the civilising process. Finally, in focusing on racial stigmatization, not only are the xenophobia, the fear and hatred of minorities, the misunderstanding of religious teachings which represent the marked as deicides (and in Freudian terms, the "displacement" of rebellion against moral law, that dares not be directed against Jesus the Jew, by hate of the people of Jesus, the Jews) seen to touch upon the roots of antisemitism and the Jews, attention is also given in subsequent parts to ritual conduct in the caste-structured world of India.

Theological Clarification

(a) Stigmas and Taboos. Pollution, dirt and defilement in a religious context would be questions of taboo, which by themselves may not often cut across different faiths and racial boundaries, being particular to a faith (such as sacred cows in Hinduism). Breaking a taboo may, however, set stigmata in motion. Religious stigmata were seen as a sharing in the marks of shame suffered by Christ. The crucifixion was a death reserved for criminals, so the marks of the nails in feet and hands were marks of a criminal death. Psychologists say that it has never been indicated that stigmata are anything other than psychosomatic in origin. Taboos are subject to psychological and anthropological interpretations. To Freud these arise because of conflicts between instinctual forces

which led to the most potent or 'desirable' of the instincts being repressed. For Levi-Strauss the taboo is just a message, or symbolic system, to give expression to an interchange between nature and culture, animality and society. In theology, there is a difference betwen the branding (as for slaves) which imposes symbols that are not religious stigmata. In Christianity (Roman Catholicism) religious stigmata are thought to be done by supernatural means, are a blessing and not a stigma or disgrace. The 'Mark of Cain' in Christianity belongs to a period of myth. It may also be noted that there is no Christian counterpart to circumcision. Entrance to Christianity is by baptism.

(b) Accusations of Ritual Sacrifice. The early Christians were also accused of ritual sacrifice of children. They were not persecuted primarily because of their religion but because their religion was seen as a threat to the State. They put God in front of the Emperor. Similarly, the Catholics were persecuted in Elizabethan England because they were seen as likely to be on the side of Spain and not primarily because of their Catholicism.

THE SOCIOLOGY OF STIGMATISATION - Some Introductory Comments

1. Meeting socially, it has been suggested in discussion by a group of academics of whom I was a part, that one third of all people in the world are in some way stigmatized. Of course, such statements are suspect. To begin with, the subject has not been extensively researched; nor is there any kind of agreement on what the term

actually means. The first task is clearly beyond the means of one individual investigator, hence my eventual purpose will be to research, in some depth, just one aspect of stigmatisation, that relating to certain occupations. But before embarking on this task a good deal of spade work needs to be done to prepare the ground and this includes a semantic clarification of the meaning of stigma.

2. A cursory look at newspapers during August, 1985, shows that this stigma is all around us. I will recount purely anecdotal media-reported cases and follow this up with some personal experiences of mine, to illustrate my point before delving into the theoretical complexities of the subject.

(a) Derek's home for the last twenty years was the men's lavatory under the main concourse of Waterloo Station. New 'superloos' cost the 65 year old bootblack from Lambeth his abode. He lived and brewed his tea in that changing cubicle before beginning his daily work handing freshly-laundered towels to clients and keeping washbasins, baths and copper pipes sparkling, for £5 per week. He has long lost touch with relatives. "I cannot really invite anyone down here for an evening, so my social life is not very busy".

(b) "It was just a blemish", said Nancy Reagan, about the piece of irritating skin removed from her husband's nose. The (then) President's spokesman, Larry Speakes, was playing down

the earlier cancer scare: "It was submitted for routine checks for infection and no further treatment was necessary".

(c) The Spastics Society has taken space to display large posters on the London Underground and inserts in the press. A recent one shows a man in a wheelchair trying to reach the top button of the lift. The caption reads: "Everyone assumes I won't get to the top. Our biggest handicap is other people's attitudes".

(d) A boy who has been found to have the Auto-Immune Deficiency Syndrom (A.I.D.S.) has been barred from attending school by his headmaster.

(e) A group of Paraplegics, already excluded from normal sports by their disability, have been made to feel unwanted at the recent Stoke Mandeville Games. (Report on the Paraplegics from South Africa, in England to compete in the Games).

(f) The London Asian Times reports from New Delhi that violence erupted after 'higher caste' Hindus protested against a government proposal to increase job and educational opportunities for 'lower caste' Hindus.

(g) Doctors are striking old people off their lists because they take up too much time and trouble. Others, GP's among them, are refusing to take the old on to their list, the Patients'

Association claims. "Today in the NHS there are second-class citizens. They are the people who find it well-nigh impossible to get on to a NHS list of a GP", reports the Association's journal Patient Voice.

(h) A drug addict interviewed in Croxteth, Liverpool: "I don't know where to go. All we do is rob, rob, rob. I need £20 a day to keep going. If I don't get sent into care or to Borstal, I'll end up dead like Jason".

(i) Police cadets were beginning a new search today of the arson house that claimed the lives of a pregnant Asian woman and her three children. One theory is that the blaze was the result of a racist attack.....this year there have been 144 "racially motivated" incidents recorded by the Tower Hamlets police alone, ranging from threats, abuse and graffiti to criminal damage and assault. In each case, the victims are Asian: prima facie of racial harassment if anything is, comments the Standard.

(j) A little further back in time, cases of sex discrimination have also received a good deal of publicity. Two instances are given. One relates to a famous Fleet Street Wine Bar that operated a rule that women were not allowed to stand and drink at the bar. Two women entered, stood at the bar and ordered two glasses of wine. In accordance with this establishment's rules, service at the bar was refused. In

another case, a married woman with four children applied for a job as a waitress. The proprietor's policy was not to employ women with young children since he took the view that they were unreliable.

All these ten illustrations, based on fact, could be seen as stigmatising experiences in term of what is visible about the actors concerned or what is known about them. Is it really stigma we are talking about or is there a semantic confusion in how all these cases might be seen? That remains to be clarified in due course.

3. Following this tour of newspaper reports, I will add some personal experiences to show not only the ubiquity of the blemishes referred to as stigma, but also how counteracting influences and responses in certain situations can and do add to the complexity of this phenomenon.

Case A refers to INDIVIDUAL STIGMA.

This case concerns George from Durham, now approaching 70 years of age, but once a mature fellow student of mine. Working in the mines, he contracted Pneumoconiosis, so that by the time I got to know him, the softening bone structure deformed the erstwhile tall man to turn him into a near dwarf who can now drag himself about only with the aid of sticks. However, counter-acting forces operated to minimise the stigma. George became a librarian and

was quite highly mobile in his invalid car. When that became too much, he helped out in the local church and preached the occasional sermon also. Much in demand for scoring at the local cricket ground, George reinforced his popularity in the locality. When these activities became too demanding as George's condition worsened, particularly in the severe winter weather, he got down to write a local history book. When George circulates on his home ground, where he is a familiar figure and highly regarded, managing the stigma of disability is not difficult. George likes chatting and can recollect and tell good local stories. Were he, however, to venture outside his territory he would be exposed to all the negative responses his appearance and functional limitations cannot conceal.

Case B deals with GROUP STIGMA

This is a case where personal experiences of childhood generate a research interest in later life, as with the topic of stigmatisation. My father died from an industrial disease. The vapours from spraying paint destroyed his lungs. I was put into an orphanage. There was no Goffman in those days, so perceptively to analyse "total institutions", but that is what it was: rigorous discipline; physical punishment for transgressors; long periods of enforced silence. Most relevant to the discussion here was, however, the presentation of the orphans to the outside world. Our identities were reshaped through appearance as well as conduct. The induction process included an issue of leather

shorts, green jackets, same for every boy, and all hair off the head. The "orphies" were well known in this part of Vienna, being seen walking in groups of twos every morning under supervision on their way to the local school. Except for their size and shape, all the boys looked the same.

Inside the classroom was worst; clouts on the bald head from behind and much teasing were quite common occurrences. But, here too, there is another side to the story. The rigors of enforced study encouraged application, which in turn earned good grades in school. They also sparked off extra energy once the boys were let loose on the playground and they tended to shine in the sports, earning a degree of respect and admiration. Thus, here too, a mechanism operated to counter stigma which the symbols of deprivation and differentiation imposed.

WHAT DOES STIGMATISATION MEAN? - The Problems of Semantic Confusion

1. In this part of the discussion I am concerned with the many different words used to express some kind of mark upon a person or group whose affliction is at least partially discrediting. I have agonised over the differences between the stigma label and other terminology often used instead. My central concern in this research is self-perception and public images of the blemished. These two perspectives convey a so-called normal and a deviant, so that one could quite conveniently think of a continuum where these are the extremes at each end and various degrees of blemishes in

between, for which certain meaningful words are designated. If one thinks of an able-bodied and a disabled, various kinds of disability could be placed along the continuum; but in determining the place, how is one to decide about one disability as against another? The blind as against the leg-less, for example?

2. Over and above that some afflictions may be of a permanent nature. Equally, character blemishes may make a person socially undesirable but this may or may not result in a person being permanently discredited. Using the idea of a continuum for explaining the problem of semantics does not seem quite satisfactory if one now considers racial prejudices, where the great variety of perpetrators on the one hand and victims on the other, in any cultural and/or geographical setting is such that a sensible location on the line would be quite impossible even if the apparently flawed were not able to conceal the cause. Thus, reference to victimisation would not do either, because a victim may not be victimised or the disabled may be quite able.

3. It may further be noted that such words as 'marks', 'labels', 'designations', are almost neutral rather than clearly derogatory. A person may be marked out for promotion, carry a label of whizkid in his circle or be designated to marry into aristocracy. Where then does all this leave us in deciding whether someone is stigmatised or not so identified? The range of conditions which gives rise to stigmastisation is so varied that no satisfactory

label appears to be at hand to articulate it. Words such as disadvantaged, underprivileged, inferior, discriminated against, lowly-evaluated, disgraced, of disrepute, tarnished, etc, may not in every case suggest that stigma is present or potentially present. This will be more clearly established when my own and other empirical findings are linked to analysis in a theoretical context.

4. For the moment, therefore, one may define stigma as a mark of shame, discredit or blemish but at the same time suggest that there are synonymous words which neither oppose nor negate the original word, of which slur, stain, blot or brand, are examples. Then there are further words, although slightly more remote by the strict definition of synonym, which have such a close relationship to the original that they can scarcely be used without suggesting a similar meaning. Examples here would be taint, shame, dishonour, disfigurement, in all instances hurtful to the target person.

THE APPROACHES OF OTHER RESEARCHERS

Although the discussion thus far has helped to throw more light on such questions as what stigma is taken to mean, what conditions are likely to give rise to it and what form it might take in a variety of situations, there remains still the need for a greater theoretical elaboration step-by-step-wise, and to this end I will now review the ideas and approaches of previous studies on the subject as a further

link in the identifications of such key variables as will allow a synthesis as well as a comparative picture to be drawn and/or divergencies established. Nonetheless, the subject matter is of such complexity that further probing will eventually lead me to cross the recognised disciplinary boundaries of social psychology, social anthropology and sociology, in the search for a more substantive framework for subsequent researchers to refine and extend.

PAUL SPICKER'S RESEARCH[1]

In his discussion of the nature of stigma, Spicker sees it as an essential attribute of a person or group that places a label of discredit, stain, flaw, failure, degradation, differentness, inadequacy, upon the affected. He is not, however, happy with this implied pathological view that a mark is inherently discrediting and holds that it is the social interpretation which imposes it, with a natural consequence of felt shame. Related to claimants of welfare benefits, recipients lose respect and experience discrimination, the latter term being closely linked to stigma and coined by Cumming & Cumming (1965)[2] as 'situation stigma' whereas the mentally ill have been found to perceive their disability as equivalent to failure and accepted this as discrediting (Landy & Singer 1968)[3]. Spicker then discusses other instances of shame, such as being gossiped about by neighbours or being misclassed as a low status recipient. Stigma is thus seen as a complex concept bound together by certain discrete, but interrelated elements, such as the attributes of the stigmatised, the attitudes of others and the feelings of the affected. Next, the author

focuses on those attributes that bring about social rejection, relying here on Goffman's classification (The Presentation of Self in Everyday Life, 1959)[4] of the PHYSICALLY DEFORMED (corresponding to problems of individual performance); DEFECTS OF CHARACTER (mental illness, unemployment, reflecting a team role); and those experiencing TRIBAL STIGMAS (Low classes and statuses, constituting a group position), relating thereby stigma to role performance to emphasise (according to Spicker's understanding) the similarities of stigmas rather than to distinguish between them. This, the author thinks, limits its usefulness as a guide to social policy as it tends to confuse the issue: black skin can generate both physical and tribal stigma; and character defects blur the distinction of a stigma arising from status and class - the single parent, the unemployed, the welfare recipient. Are all these defective as individuals or as members of wider society? Furthermore, physical defects may also be attributed character blemishes (the obese are often blamed for eating too much).

Spicker then draws attention to Pardo's twofold classification (1974)[5], that of the PHYSICAL and that of the MORAL stigma. This he criticises as too specific and as a social rather than a person distinction; that is, some societies (the Kuba, for example) regard certain skin diseases as moral. Also on the moral side, norms can be broken without blame - cripples are not usually considered immoral, nor do such disabling behaviours carry sanctions because they breach no expectations. If the classification were to be refined to allow for less specific interpretations, it might lend itself better to the provision of a necessary framework for the analysis of the problems

stigmas present. For example, included under physical stigmas are illness, disability, old age and race. This takes in infection, disease, disfigurement, loss of function and such, but has little in common with race; whereas those of advanced age are a special group of deviants in a society with strong concerns for consumption, money, work and youth (Sussman, 1969)[6]. The aged are therefore doubly rejected: on physical and on social grounds. Mental stigmas relate to behaviour and capacity. They differ from physical stigmas in that they are associated with patterns of behaviour rather than personal traits and would include handicaps, illness and addiction. It is the mental rather than the moral state that is the discrediting factor, although with moral conduct, drug-taking is possible. Poverty and moral stigmas must also be distinguished. Poverty stigmas extend over a whole range of deprivations: homelessness, unemployment, low pay, financial dependency, even slum-living. The link is lack of resources, which not only discredits a person on the grounds of poverty, but also reflects upon him because he is dependent on social welfare support. Finally, moral stigmas are altogether different, suggests Spicker, although they can overlap with problems of poverty and dependency. In general, a person is so stigmatised when he has committed an act of which society seriously disapproves and he is believed to bear responsibility for it. Disability, illness, mental handicaps, or epilepsy are not factors of blame; but mental illness or poverty may be so in the view of some who argue that the question of responsibility is crucial if a moral principle is involved. Illegitimacy, sexual and criminal acts and divorce, are given as examples of breaches of moral rules.

THE WORK OF ROBERT PAGE[7]

Under his chapter heading 'The Anatomy of Stigma', the author points to the now common media usage of the term "stigma", and offers some similar definitions to Spicker's: that it is a visible or invisible mark, acquiring meaning only through the emotion of bearer and affirmer; that the so-called normals perceive the stigmatised negatively and different from themselves; and that it is a deeply discrediting attribute, counter to the congruous stereotype. (Cumming, English, Kando).[8, 9, 10] To cope with the elusiveness of this notion which these differently emphasised definitions signify, one must distinguish clearly between the various aspects of the concept. The first task is to explain what social normality is, says Page, and he quotes the six Merton and Nisbet[11] norm dimensions: those relating to preferred behaviour, expectation, commitment, implicit and explicit support, sanctions, and elasticity. Although useful, one cannot from these identify what the prevailing norms are although a loose consensus does exist. Hence those who steal, murder, rape, are deaf, blind or mentally ill, are (mainly) aware that they are violating such norms (Plummer, 1975),[12] although reactions to norm infractions may vary considerably in interpersonal encounters and not all involving blemish.

The time element is also important. Physical handicaps have for centuries attracted stigmatic connotations, whilst others have caused more negative responses over a shorter space of time. Social changes may also make certain acts more acceptable in a later historical period (divorce, unmarried mother, for example). Like Spicker, Page then

enlists Goffman's three ways[13] in which stigmas may be carried, but shows also the latter's refinement that there is a distinction between blemishes that are 'discredited' and those that are 'discreditable'. Those with physical or tribal stigmas are in general more likely to be discredited because concealment is more difficult, although there are exceptions (such as the paraplegic sitting at an office desk, for instance, when the disability is hidden). Conduct stigmas, on the other hand, refer to what is publicly known about an individual, and if information about the discrediting attribute can be limited (e.g. a lesbian decides to 'pass' as heterosexual among colleagues and acquaintances) then the term 'discreditable' may be applied.

On the question of blame attached to carriers of the various types of stigma, physical and tribal carriers are likely to be granted more social acceptance because they are not deemed to be responsible for their failings. The obese may be an exception, as previously suggested, (Cahnman).[14] Conduct stigma carriers, on the other hand, are considered more blameworthy, although here too are exceptions (rape in the case of an illegitimate birth). Stigma need not always be associated with norm-breaking: Reisman's findings [15] are quoted, who found stigma to attach to General Practitioners because they are 'less technically expert' than, say, a consultant of a big hospital. Similarly, Tony Benn has stated that stigma tends to attach to Labour Party politicians with 'intellectual' reputations. From this premise, it would seem that stigma can just as easily attach to the Queen, doctors, clergymen, mothers, children, manual and non-manual workers, as it can be to groups such as the disabled, homosexuals or ex-

prisoners. However, argues Page, this squeezes the useful life out of the concept and he maintains that the term 'stigma' should be used exclusively in connection with inferior as opposed to normal or superior attributes. In this, he and Goffman are not at one. In the end (holds Dinitz, 1969)[16] it is not the freakishness itself (as for example a midget or an overendowed female), that defines social deviation. It is society that has to evaluate the extreme in a negative fashion.

PROFESSOR TITMUSS DISCUSSING STIGMA AND SOCIAL POLICY[17]

Professor Titmuss discusses stigmatization in the context of social policy (1974). His chapter on 'Laissez-Faire and Social Policy' subjects the American Residual Welfare Model (Action, Cloward & Fox-Piven 1971)[18] where the erosion of the work role in the private market place is seen as the fundamental problem with which relief reform has to cope, to a most critical analysis. He concurs with Cohn (1971)[19] that the private sector in total has failed to make an effective contribution to the problems of such marked sections as the blacks, the school drop-outs, the unemployed, those with prison records and the handicapped, despite the Federal Government's appeals to the business community to employ, retrain, rehabilitate and provide social services for these groups. Moralist debates such as this are quite relevant to an examination of the way in which a society treats its disadvantaged. For example, private social service schemes, quite widespread in the United States and increasing, operate on the principle of excluding 'bad risks' and the social casualties of change

- the money losers - and so are therefore not much interested in the most deprived - the chronically sick, the disabled, the elderly, the mentally handicapped and the unmarried mothers. One beneficial consequence that is claimed for such private institutions is that the problems of 'stigma' are not applicable since few black people or other poor can afford the cost of such medical care. Societal reactions to the stigmatised is a topic that needs to be further considered later. It is at this point that the views of Titmuss on the question of stigma are of prime interest.

The interpretation that stigma today refers to an imputation attaching to a person's reputation or standing is similarly accepted here, when to stigmatise is to describe one's behaviour in culturally offensive or unacceptable terms. What matters is who is talking (or thinking) about society - and in Britain - when high-born Hindus think of Muslims as workshy and dirty; or the case of manual workers who think of university students as pampered layabouts, and civil servants, according to many businessmen, seen as bureaucrats, inveterate tea-drinkers and red-tape makers. The elusiveness and complexity of the stigma concept is readily admitted in common with other key concepts like class, alienation, poverty and democracy. It is, at least, partly what one thinks it is and partly what others think it is. A society's perception of a man's role in life is significant as is also the self-perception of his own status and role. "If men and women come to think of (and feel) themselves as inferior, subordinated persons, then in part they stigmatize themselves, and in part they are reflecting what other people think or say about them". Titmuss also draws attention to

Goffman's research (here on mental institutions) but he is highly critical of him and other American writers when it comes to theorising about the subject of stigma and social policy, which seems to Titmuss extraordinarily parochial. I intend to go into the nature of this criticism in a later section when comparing and evaluating the views of these different writers.

GOFFMAN'S IDEAS ON DEVIANCE-GENERATING SITUATIONS[20]

Goffman's book on the subject of stigma[21] is one of his earlier works to explore the process of secondary deviance, aimed at the analysis of the effects on individuals of physical and other kinds of stigma that cause them to be labelled as 'deviant' by society. His first move is to impart to the reader an electric shock in publishing the desperate letter of a girl wishing to commit suicide because instead of a nose, she has a big hole in the middle of her face. As is Goffman's way, he succeeds in causing alarm and consternation before the reader has had a chance of even glancing at the preface. I shall give an outline of Goffman's key concepts, which are so important and illuminating in their insight into 'spoiled identity management' that more space needs to be devoted to presenting them than that I have given to the other studies. I shall follow this discussion with an evaluation of and critical comments on all these writers' contributions and then attempt the construction of my own conceptual scheme.

The first part of the book deals with the historical origins of stigma and attempts to clarify the meaning of the terms SOCIAL IDENTITY,

divided into VIRTUAL and ACTUAL identities of a person. In the former situation, assumptions are made by others, concerning what a particular individual ought to be whilst in the latter, about what he actually is. Social identity is the socially agreed view of the categories into which an individual can be fitted and the sum of attributes which he possesses. The double perspective of DISCREDITED and DISCREDITABLE is also used, that is, whether the stigmastized person feels that his differing characteristics are known and evident, or alternatively, that they are not plainly perceivable to all who see him or hear him. A further part of the analysis then types stigma in three specific ways, as was noted from the use the first two authors have made of Goffman's ideas: PHYSICAL, CONDUCT and TRIBAL stigmas. The first and the third with racial and ethnic labels. Goffman goes on to discuss the sociological features of differentness relative to the stigmatised and the rest of us, the NORMALS, who do not depart from societal norms and the attitude towards persons with a stigma - their apparent inhumanity, their reduced life chances, and the various forms of discrimination we exercise.

Goffman's main concern is also the situation where there are MIXED contacts. This occurs when the stigmatized and the normals are in each other's presence. The various responses on the part of the affected may include such reactions as status uncertainty and self-isolation. On the part of the normals, they may regard minor accomplishments of the stigmatized as noteworthy. The relationship with OTHERS can be of two kinds: the SYMPATHETIC others, who share the stigma, find a rational explanation for it and provide an affinity group if the

afflicted want it. A variation of this are those sympathetic others who make a profession of their stigma and manage to break out of the circle of their own kind. As Goffman so elegantly puts it: "instead of leaning on their crutch, they get to play golf with it and thereby cease in terms of social participation to be representative of the people they represent". The second group are the WISE-others. These are normals but have for some reason gained an insight into the problems of the stigmatized and thereby obtained access into their circle as COURTESY members. They are those with whom the stigmatized need not hide their faults, need feel no shame, need exert no self-control because the wise see them as just ordinary others. A normal can graduate to become a wise, but this involves a process of acceptance whereby the potential wise must undergo heart-changing personal experience and make himself available to the stigmatized in the hope that eventual validation and clan membership by courtesy will follow. Who then are those that have achieved wiseship? They may be nurses, physiotherapists, the police, even sales people in delicatessen or bartenders. Other types of wise may be those who by reason of social or personal relationship are closely identified with the stigmatized - the parent of the cripple, the loyal spouse of the mental patient, the daughter of the ex-convict. All these share the discredit of the stigmatized. In a truly symbolic interaction mode Goffman then interprets the doubts of the blemished - can he trust the wise? Why do they carry the burden which is not theirs? Will they revert to type?

Next Goffman makes the point that the history of the stigmatized must be distinguished from the history of the stigma itself. He proposes

that the stigmatized have similar MORAL careers in terms of an adjustment and socialisation process. They acquire on the one hand the wider beliefs of the normal and on the other the implication of possessing the stigma. These two phases of moral career interplay and help the stigmatized to distinguish the moral careers available. Four patterns are identified: those with an inborn stigma (the orphan who learns how to be a father, having first had to do without one); those placed in a protective neighbourhood (the stigmatized remains in a charmed and protected circle); those learning late in life that they had always been in a discreditable position (the Jewish refugee); and those socialised in an alien community and learning a new way of being like those around them (pre-stigma and post-stigma acquaintances). With this construction of patterns, Goffman is amazingly accurate here as my personal experiences discussed earlier will testify. Once the stigmatized becomes part of a group, his relationship can be FORMAL or INFORMAL. The former lack identification (the new-we), whereas the latter need loyalty from membership, observed tradition and are well organised. Also, new friends can often be more human than pre-stigma friends.

Goffman now comes to discuss identities. A whole range of terms with special meanings are employed here which are used as if they were well known. That, however, is not the case. The DISCREDITED has firstly to be distinguished from the DISCREDITABLE. In order to make this clear, a number of possible identities in social interaction are coined, whilst some knowledge about the person that is of disrepute, the stigmatized, will make him the discredited person. If as normals we

give no open recognition to what is discrediting him, such pretence can make a situation tense, uncertain and ambiguous. Goffman refers to this as a discrepancy between an individual's actual social identity and his virtual one. I shall clarify the meaning of these terms now before dealing with that of a discreditable person. The SOCIAL identity is the socially agreed view of the categories into which the individual fits, as well as the complement of the attributes which he has. PERSONAL identity is the means by which people distinguish one individual from all others, taking into account the entire life history which they attach to him. If others anticipate a later meeting with a person about whom they have preliminary information, they will form a rudimentary idea of the category into which he might fit and what sort of attributes he will display. In other words, anticipate his social identity. This, according to Goffman, is VIRTUAL SOCIAL identity. EGO identity can also be defined now and is seen as the individual's subjective sense of his own situation as a result of his social experiences.

If there is undisclosed information about one it is discreditable. This excludes from discussion certain stigmas where no one, not even the stigmatized, knows of the disability. Where a stigma is invisible but known only to the possessor who keeps silent about it, in contrast to the other extreme where stigma is always apparent in contact with others, the range of cases between these extremes of interacting situations either disguises or temporarily hides the effect of the belmish. Goffman calls this PASSING. If others can identify inconsistencies with what the stigmatized currently claims, credibility

can be questioned and, suggests the author, personal identification then bears strongly on social identity. Various forms of identity are suggested: DOUBLE LIFE (leaving a community and acquiring a second biography); unintended passing, passing for fun, routine and off-routine passing, unwitting passing and completely disappearing from the social rounds; learning to pass in the various places where passing occurs is also discussed. Goffman rarely defines his terms with any degree of clarity, so that one has to read one's own interpretions into them. As one reads on, one encounters a multiplicity of terms which some examples will demonstrate. IN-DEEPERISM (elaborating a lie to prevent disclosure); or the CINDERELLA SYNDROME (where a discreditable refurbishes his disguise to keep control of the situation). There is also the possibility of REVERSE PASSING (when creditable facts are concealed e.g. my own experience of knowing a qualified doctor crossed off the professional register). DISIDENTIFIERS serve to disguise stigma when, for example, an illiterate dresses up as a stereotype professional with horn-rimmed glasses. Social information (different from moods and feelings) can reveal stigma via other symbols also. If a sign claims prestige (say, military rank), it is called POINT. If it discredits (say, pock marks), it is called a SLIP. Such signs are not, however, always reliable in the social information they convey: compulsory shoulder patches are used in the USA for escape-prone convicts as well as for indicating the rank of army officers. There is also in Goffman's vocabulary a WITH-RELATIONSHIP (not the English 'with-it'), meaning that a companion of the stigmatized can at times help to disclose the latter's social identity. A distinction is drawn between EVIDENTNESS and KNOWN-ABOUTNESS of the stigma, as distinct from

a visibility of it, which in turn must be distinguished from a PERCEIVED FOCUS (a disqualifying element, like ugliness). COVERING is not the same as passing. (A girl, much better at getting about on a wooden peg, uses an artificial limb when in company). Or in another case, dark glasses can serve to indicate blindness as well as covering up defacement. In Goffman's gifted articulation, "a case of revealing unsightedness while concealing unsightliness".

I have just demonstrated here the many words to which Goffman gives his own specialised meaning. Is this perhaps the reason why so many sociology texts quote isolated passages from his book on "Stigma" but no text attempting to summarise and adequately discussing the book? The subject of the management of stigma will assume further relevance later, when my attention turns to "occupational stigmatization".

In analysing stigma responses, Goffman finds it useful to look at deviation as something connecting the individual with the social world. Minority groups such as Jews and Negroes may encounter problems in face-to-face interaction which must be understood in terms of past history and subsequent policies concerning such groups. According to Lemert (1972)[22] most of us commit deviant acts at sometime or other, but we ride them out as far as societal reaction is concerned. That he coins 'primary deviance'. But is is when others respond to a deviant act ('secondary deviance') and that response has the effect of modifying further behaviour into (possibly) other deviant acts, that one can look upon this as 'reactive self-conception'. Goffman also argues that all normals have some partly hidden failing which may loom

large at times and leave a shameful gap between virtual and social identity. Hence there is a continuum when those with even a minor 'differentness' located on some point on it, know how the stigmatized feel. The differentness with which the book is concerned is therefore better understood by looking at the normals. In view of this, suggests Goffman, one might concern onself more with 'ordinary deviations from the common than with the uncommon deviations from the ordinary'.

It is the special norms concerning identity, which also affect the psychological integrity of the individual that is of interest to Goffman. Conforming is not enough as it is a question of condition rather than will. It is therefore assumed that if an individual knows and keeps his/her place, wilful action provides an equivalent for his/her social condition. Some norms such as literacy can be sustained by most individuals, whilst others (physical for example) may form standards not attainable at all times. The vast number of existing norms disqualifies many - there is only one complete unblushing male in America, states Goffman, a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight and height and a recent record in sport. American males look up to such a value system, and if any male fails to reach this standard, he is likely to view himself (at times) as 'unworthy, inferior and incomplete'. In static situations, it is obtrusiveness and not just visibility that matters. If even minor norms in social situations are not sustained, this can have a pervasive effect. But why single the stigmatized out? The number of defaulters would be as high as one would like to make it. Identity norms breed,

however, conformity as well as deviation and Goffman advances two solutions for this predicament: one, avoiding an attachment to one's community and so becoming alienated (but that is a costly solution for society as well as for the individual); the other, supporting the norms but treating them as not applicable to a particular category. A third idea for norm-breaking is also offered: this is a constituent of the processes already mentioned and involves the sustaining of norms by means of passing and covering, as well as endeavouring to control one's image. It means further tacit cooperation with normals who either respect the deviator's secret or take the disclosure lightly; the deviant may then not press for greater acceptance than normals are prepared to give.

Goffman's approach in his consideration of response and adaptation patterns of the stigmatized is not averse to moving back and forth between the psychological and sociological perspectives, but some clearer theoretical assumptions begin to come through in these next sections. He claims at this point in his discussion that the role of the afflicted and the role of the normal are cuts from the same standard cloth. (That may be disputed later). He also suggests that persons with different stigmas are in a similar situation and respond in a similar way. This he supports by a (somewhat unlikely) proposition that a person will not venture into the local drugstore for fear of gossip. (One asks here whether this is sufficient evidence to claim that persons with a different stigma respond in a similar way, given their need to control information about themselves). It is also possible, says Goffman, to have abnormal feelings but to react quite

normally in actions intended to conceal - an ageing person avoids his close friends because he has forgotten their names. If such a stigmatized individual is then regarded as a deviant, he or she should be called a NORMAL DEVIANT.

The author gives as an illustration in support of the normal-stigmatized unity idea the case of an individual, following good plastic surgery, who sees himself (and is so seen by others) to have acceptably altered his personality. There is also some evidence of the reverse, where a defect is assumed and acted out, with all the reactions of a real handicapped person. This means that we all have an inbuilt psychological capacity (with training) to handle this situation. Stigmatization need not therefore derive from confusion of identity. Reasoning in this way, Goffman seeks to show that an individual is able to play both parts in the normal-deviant drama and that roles are similar, parallel and complementary. Individuals can pass in and out of stigmatized roles, it is claimed, and PSYCHODRAMA (such as switching parts) is one source of evidence for this. Another is what Goffman calls BEHIND-THE-SCENES-JOSHING, which is jokingly enacting scenes like a stigmatized person imitating someone. All this demonstrates for Goffman that the stigmatized is like everyone else, trained to view himself as others view him, but wanting to resist stigma derogation. Some more illustrations are offered how an afflicted person who wishes to protect his or her privacy about a handicap, often does so without regard to tact: a girl who lost a leg and wished to avoid questions how she lost it answered that she borrowed some money for which the lender required the leg for security.

Another response found was PUTTING THE OTHER ON. This means fabricating a story. If an encounter is to be avoided entirely, a cold stare has been used to achieve it, as (Goffman seems to have observed) in the case of a dwarf at a show, in order to anaesthetize himself against peekers and chatterers.

Goffman is quite generous with hypothetical statements and concepts which he leaves the reader to make sense of. He believes that stigma involves not so much a set of concrete individuals, who can be separated into two piles (the normal and the stigmatized), as the existence of a pervasive two-role social process in which every individual participates in both, at least in some connection or some phase of life. The normal and the stigmatized are seen, not as persons, but as perspectives generated in social situations during mixed contacts, and this by virtue of unrealized norms that are likely to play upon an encounter. Since roles, rather than concrete individuals apply in this interaction, it will not be surprising that often a person who is stigmatized in one particular regard, exhibits nicely all the stigmatizing prejudices towards those who are tainted in a different way. Here, Goffman gives recognition to the fact that a stigmatized-free individual hardly ever exists. He is not averse, however, to intermingle anecdotal comments with conceptual suppositions, as the discussion will show when he decides to widen his interpretative perspective. He ends by making two important observations: firstly, that visible stigmas in face to face interaction can cause instabilities in society (meaning here American society) with a pervasive effect; but the stigma-normal process has a

history of its own which social action can, however, change or modify. Secondly, he argues that in addition to a general social function of the change-resisting stigma process (that is largely by the enlisting of support by society for those not supported by it), there is also the additional function of social control (varying with the type of stigma). This can best be seen where racial and ethnic groups are concerned, and where it seems to have served as a means of removing such minorities from areas of competition.

The question of differentness, discussed so far as a feature of social life, now takes Goffman into a related field - that of deviance. His propositions here cannot be ignored as these will have relevance in my later investigation of 'occupational stigmatization'. He suggests that deviators differ more from one another than they have characteristics in common, and that the degree of such deviance of a member in a group would depend on whether that group were large or small. Coser's research is quoted (on page 168)[13] to make the point that a recognised high position in a closely-knit group can be associated with a licence to deviate. This has been found to apply also when a member is defined as physically sick. Thus, properly handling this status, the eminent or those with a physically sick condition, can free themselves from the normal performance standards of the group. In other words, they can get away with their deviance in the sense that it is discounted by the group. In closely-knit groups deviants can also play special roles - a clown may lose status by acting that way or he may well be regarded as a mascot; but in either case retains the membership of the group. (The fat boy, the platoon clown, the village

idiot, the town drunk, provide further examples of this type of role). As an in-group deviant, who may count on group help against outsiders, he is to be distinguished from the group isolate. Goffman identifies also other performers of social roles - those that are unknown social deviators, although they may have broken morality norms; or, the reference system can be shifted to larger groups where more role specialisation is practised: examples of this would be a priest (symbolising righteous life above the norms), or the law officer (treating other people's infringements as work routines). In large populous areas, deviation of a further variety can be found: namely individuals who decline voluntarily in order to meet the social place society has accorded them. These are the DISAFFILIATES, seen as rebels in basic institutional terms. Class or race segregation and age grading come into these categories. As individuals alone, they are seen as eccentric; if organised, they may be called CULTISTS, whilst social deviants in corporate activity may be looked upon as a deviant community.

Social deviance should be the core in studies of deviance, Goffman says. He includes...prostitutes, drug addicts, delinquents, criminals, jazz musicians, bohemians, gypsies, carnival workers, hobos, winos, show people, full-time gamblers, beach dwellers, homosexuals, and the urban poor. It is also possible to find groups collectively denying the social order by showing disrespect, lacking piety, or failing to use opportunities for advancement in a way approved by society. From a core of social deviance one could go along a periphery: the travelling rich who drift about, political radicals, expatriates, ethnic

assimilation backsliders (he means presumably the ultra-religious orthodox), the married who refuse to raise a family. All these cases show some disaffiliation as do the eccentrics and the cultists mentioned above. Yet different from all these are the HOBBYISTS, who are so devoted to their vocation that little is left for civil attachments (example, the ardent stamp collector). Social deviants are tolerated as rebels in their own community whereas there is actually a place for them on equal terms in social ghettos, where it is often felt that their life is better than the way of the normals. It is a theoretical possibility for a whole deviant community in relation to the rest of society at large to function similarly to an in-group deviant for his group. Additionally to in-group and social deviants, further types in a like social category are ethnic and racial minority groups, those with a presumed common history and culture. They too are in a disadvantaged positon, as are such lower-class people who display status marks in speech and manner (frequently seen as second-class citizens). All these may at times function as stigmatized in groups, or they may be exposed to all kinds of face-to-face situations as individuals with normals, where the treatment conforms to ideal middle-class values. (Uniform treatment by civil servants, for example). Fuller analysis of all these types, says Goffman, would lead him beyond the concern with stigma problems, as in the case of the 'ageing-young', who are not yet contaminated by work; deviant communities who are not worried about social acceptance; or the disadvantaged, who are not stigmatized (someone married to a mean and selfish spouse).

Goffman's analytic conclusions are on the short side and make the interpretation of what he really means to say rather difficult. Perhaps the sub-title of the book (Notes on the management of spoiled identity) allows him licence for this. He suggests in his concluding remarks that stigma involves not so much a set of concrete individuals who can be separated into two piles, the stigmatized and the normals, as a pervasive two-role social process in which every individual participates in both roles, at least in some connections and in some phases of life. One can accept this as a reasonable proposition, but he then goes on to say that the normals and the stigmatized are not persons but rather perspectives generated in social situations during mixed contacts by virtue of unrealized norm that are likely to play upon the encounter. The lifelong attributes of a particular individual may cause him or her to be type-cast...but since interacting roles are involved, and not concrete individuals, it should come as no surprise that in many cases an individual who is stigmatized in one regard nicely exhibits all the normal prejudices held towards those who are stigmatized in another regard. Other conclusions meshed within Goffman's discussion in various places are the propositions:

(i) that the stigmatized warrant a common classification for the purposes of analysis on the basis of a few common assumptions about human nature;

(ii) (it is argued) that stigma processes seem to have a general social function - that of enlisting support for society among

those who aren't supported by it - and to that degree presumably are resistant to change;

(iii) that additional functions seem to be involved which vary with the type of stigma, so that, for example, stigma attaching to a person on moral grounds, can clearly act as a means of formal social control; and finally

(iv) that stigmatization of those in certain racial, religious and ethnic groups has apparently functioned as a means of removing these minorities from various avenues of competition; another is added

(v) that of the bodily disfigured, who (according to a quoted suggestion from Matza[23]) are seen as contributing to a needed narrowing of courtship decisions.

Goffman's message seems to be, when he refers to the normals and the stigmatized as 'not concrete persons but perspectives', that it is not the roles as such (however they play them) but how the norms of a particular society prescribe that these roles are to be played. It is thus the discredited roles themselves that attract the stigmatizing blemish. In an urban-industrial society, where a powerful media over time shapes, influences and reinforces values held, people more personally distant from the content of particular roles, may either perceive them in a distorted way or vastly different from that of the incumbents themselves. This has been found to be so in the case of

certain occupational roles such as grave-diggers, janitors, dustmen, kitchen, hotel and hospital porters. (Saunders, 1981).[24] High-status roles can also be the subject of ambivalent perceptions as my investigation of forensic pathologists will show. (See below, chapters 7 & 8).

Evaluating the Thoughts of these Writers

My general theoretical and empirical aims will be later to show how occupational stigmatization can form an extension to the general framework arising from Goffman's creative contributions already identified. I could trace no author who has produced a coherent summary of Goffman on 'Stigma', whilst at the same time I found his other works widely quoted. Having been through the book more than once, I have taken the opportunity to do this myself, not least because of the need to test out the validity of Goffman's contribution for an investigation of occupational stigma. Undertaking the summary is also an essential task if one attempts an evaluation of the most recent work on the subject, as all other writers (with the exception of Goffman) have discussed the subject of stigma in the context of welfare and social administration.

Titmuss' views (1974),[17] although more concerned with social welfare than with a sociological interpretation, have made such an impact here and in America that his critical observations on stigma cannot be passed over. He lumps Goffman with other unspecified American writers on this theme of stigma and social policy, claiming that they

generalise and develop sophisticated theories on the basis of American values and mythologies about independence, work, thrift, private enterprise, the self-made man and the self-made President. There is thus an implication that governmental bureaucracies are inferior and stigmatize and coerce those who make use of the public services, who in turn are socialised to see themselves as 'pauperised' failures, and others on welfare (but not themselves), as 'chisellers, cheaters, welfare bums and abusers of the system'. Theoretically then, there is a social process of spiralling stigmatization in operation. The more the public services are said or believed to stigmatize, the more its staff may think it is their function to do so, and in this way the attitudes of both, claimant and staff, reinforce each other and so are actually creating that fear.

Titmuss believes the American middle-class (including the academics) need scapegoats to sustain their values, with the welfare system the sacrificial lamb par excellence. His point is that theorising and generalising in any universal sense on the basis of American values and experiences is no more possible than is the case when discussing the caste system of India. How justified is this criticism as far as it applies to Goffman's views? If one takes Gouldner's critique of Goffman's social theory, that it dwells on the episodic and sees life only as it is lived in a narrow, interpersonal circumference, ahistorical and non-institutional, an existence beyond history and society, then Titmuss' accusations clearly run dry since by this interpretation Goffman's perspective gives no attention to the institutional matrix within which everyday life occurs; to say nothing

of attacking such views. Gouldner then inclines in a new direction and argues that Goffman's dramaturgical view of social life resonates the sentiments and assumptions of the new middle class, the 'swinger' in the service-producing sector of the economy of status-conscious white-collar workers and professionals, with the bureaucratic functionary very much included. Titmuss may have had Gouldner's analysis in mind. (Gouldner, 1970).[25] Goffman is not seen by other writers to be attacking social institutions in the sense in which Titmuss implies. (See Bottomore & Nisbet, Eds., 1979,[26] Rogers,[27] Collins,[28] in Jason Ditton Ed.,[28] 1980). Nor is it suggested here that his insights do not reveal an understanding of the broader context of American life. It is probably more correct to speak of the early Goffman's critical reaction to the then life styles and ideology of the new middle classes as part of the social changes and experiences in the 1950s brought about by the giant corporations which (as put by Rogers) propelled Goffman's early sociology, but with situations more the concern than perspectives. Thus, his deeper purpose on the themes of power, hierarchy, unequal distribution of information, constraints on self-respect and opportunity, lack of autonomy for the lowest-level of subordinates, in formal organisations and in wider society, is not always seen to come through in his output. Total institutions rather than welfare agencies captured his interest most. He recognised the forms of power bureaucracies exercise through rules and control devices to place the self under pressure, to take away a person's individuality, initiative and free expression.

Nonetheless, for Goffman, the human self is constantly bobbing up to the surface no matter how many times it is trampled on by the formal structure of institutions, and will find a way of asserting itself. Ordinary macro-level social theory tends to take such organisations for granted (says Collins), as if they were things with a permanence that exist apart from the people who perform in them. Organisations and positions are thinglike in their solidity only because they are repeatedly enacted in a series of micro situations. Where Titmuss does agree with Goffman is that people in a mental institution where identity is spoiled or stigma imposed can adapt, as they also can to physical handicap, poverty or old age. If it is the case that the period of dependency persists, it is more likely that those affected define their total social life in terms of stigma. Thus if the mass media, political consensus, a younger generation, occupational pension schemes or whatever, define old age as anyone over 50, then, in time, people would accept a dependent status at that age and the so-called 'sanction of stigma'. But what it feels like to be a public assistance recipient would be very different in, say, places like Copenhagen, Oslo, Amsterdam or Stockholm.

Titmuss defends the position of public services also on the grounds that they have a great propensity to be criticised for obvious reasons: they are accountable services; much information about them is made public; and more research is done on public than on private markets; also when bureaucracy is talked about in public, it always means the agencies of Government and never ICI, Marks & Spencer or the Prudential Insurance Company. On this point at least, he is not in dispute with

Goffman. But, although the National Health Service in Britain is universalist, Titmuss thinks it is questionable, despite all the criticisms, whether those who used the service have actually felt 'dependent' and 'stigmatized'. The Supplementary Benefits Sector is, however, at the bottom of the hierarchy and he sees it as a repository of all the consciences of society and the guilts of the middle classes who at one and the same time dislike stigma, but indulge in the process of stigmatization.

Were Titmuss living today (he wrote his essays on the Welfare State during the early 1960s), he would find a different society entirely: one of extreme demand on the existing services commensurate with a depleted staff; a stringency of financial resources and new bureaucratic rules to ensure eligibility of need. Pressures such as these make friction between claimants and administrators in the day-to-day operation of the service virtually inevitable. At the same time, such sociological problems as stigma and the general role of social welfare, have attracted mounting interest among researchers (Pearson, 1979,[29] Pilgrim, 1984,[30] Page, 1984,[7] Spicker, 1984[1]). Some questions new to the sociology of interaction are being asked: do welfare agencies enlarge human freedom or restrict it; should not deviant theory in the context of social welfare be re-appraised, taken out of the professional mystique and returned to the difficult area of how human beings construct their lives together; is it enough for social welfare just to process society's waste-products and should it not also interrogate a society which defines the deviant imagination as a waste product; should the so-called misfits not be understood as

individuals trying to place themselves in a world in which they are said to have no place; and what of the human oddities (people with severe physical deformities who work and make their livelihood by exhibiting themselves) and their self-perception? All this would seem to me to be very much in line with the sentiments and analyses fitting Goffman's classic discussion of stigma.

Goffman the academic is a highly controversial figure whose work is accorded the highest respect by some sociologists and wholly discounted by others (Lee & Newby, 1983).[31] Among the chief criticisms levelled are that he writes extensively about people's relationships at what seems to be a low level of theoretical abstraction (Atkinson, 1971),[32] that his perspective lacks fundamentally on attention to the historically conditioned institutional matrix within which everyday life occurs (Gouldner, 1970),[25] that he denies any psychiatric or trait psychology explanation of seemingly non-normal behaviour (Fisher & Strauss, 1979);[33] that he appears to neglect the concept of power and does not see himself a scholar of power (Rogers, 1980).[27] Goffman is, however, morally as well as rhetorically on the side of the mentally ill, the stigmatized, and the deviant, against the stigmatizers, the accusers, and the professional moralizers, say Fisher and Strauss. I do not see Goffman's aims in a condemnation of welfare agencies although his writings reveal an acute awareness of how bureaucratic rules can put an incumbent's self under pressure by the creation of an environment which militates against individuality and free expression (Goffman, 1968).[34] Some institutions can be semi-total, like work-places, where an individual may be subject to strict

codes or routines and behaviour for the whole day and every day, but in cunningly subtle ways manages to circumvent formal procedures to create some personal space in which the self can find respite. My investigation into some death-related occupations will provide evidence for this when the work routines in the later chapters and the case studies in the appendix are described.

It is, however, Goffman's views on stigma that are of most concern as I come to discuss the nature and disagreements of the other two studies, by Spicker and Page respectively. Their works are the most recent by English authors and deal mainly with stigma in a welfare context, although they endeavoured also to delve more deeply into its theoretical implications for the discredited, and the range of responses by 'others'. In doing so they rely in good measure on the perceptive dramaturgy of Goffman, who must be recognised as a pathbreaker of the stigma theme.

Page probes some of Goffman's propositions in qualifying terms and enlists the research findings of others to make his point. For example, if Goffman attributes the same sociological features to his three different stigma types, as he does, they all will attract adverse responses from 'normals', but such responses may differ according to type. Additionally, there are finer distinctions in the way the mark is handled in encounters. Physical and tribal stigmas are granted a greater measure of social acceptance if no personal responsibility attaches to that failing. (Davis, 1972),[35] but this generalisation may not apply if a subject is presumed to be able to influence his or

her own fate. Cahnman (1968)[14] has argued that blindness is considered a misfortune, but obesity a defect. There is usually a personal responsibility attached to conduct stigmas but Pardo (1974),[5] the Canadian researcher, identifies exception here also. Surveying undergraduates, he found predictably that the blind man was evaluated more favourably than the ex-convict and would compensate a blind victim of an accident more generously than an ex-convict who has experienced an identical mishap. There are, as Page quite rightly points out, methodological objections about this kind of research: the group is selective and Pardo's case studies hypothetical. At the same time, the blameless-blameworthy dimensions for the study of the stigma concept is considered important by Page.

Some writers, Page points out, do not agree that the notion of stigma needs to be associated exclusively with negative norm infractions. Goffman also has reservations here, although he agrees that certain attributes are almost everywhere in our society discrediting. He is in any case not entirely convinced that the word 'attribute' is the most appropriate to use since an attribute stigmatizing one person can confirm the 'usualness' of another. What Goffman prefers is a language of relationships in place of attributes. Other writers such as Reisman, Benn, Posner and Dinitz have alreay been quoted in my earlier summary of Page's views. They all detect discomfort, guilt and stigma about those who breach norms through the achievement of excellence. To Dinitz, for example, it is not the extreme, the variation or the freakishness that defines the social deviation, but how society evaluates an extreme negatively, be it the genius, the seven-foot-tall

football player or the overendowed female. Page then discusses recognition and self-recognition of the stigma. He points to Goffman's view that those with inborn physical or tribal stigmas can become socialised into their disadvantageous situation even while they are learning and absorbing the standards which others accept as normal (45/46). Various reactions by others, says Page, can also make individuals aware that they possess a stigma. This may be direct (awareness of homosexuality through being called a queer, (Beks, 1977),[36] indirect (woman hearing friends discussing agoraphobics and then worries about her own mental state); or it may be a combination of self-recognition and audience reaction.

Page suggests that if those with conduct stigmas pose no threat (e.g. the elderly or acknowledged homosexual), they may not be exposed to stigma in their local community. Also, if those with a known physical abnormality observe certain forms of social etiquette, they might be able to avoid explicity stigmatization and remain unobtrusive. (The visibly physically disabled is not expected to dance with the bride at a wedding party; the arrival of a group of paraplegics in wheelchairs will cause an exodus of other dancers, Davis, 1972,[35] Berk, 1977[37]). These examples by Page arise from his elaboration of what Goffman has called the 'known-about-ness, unobtrusiveness and perceived focus, of a particular stigmatizing attribute'.(p.67). Page is very careful to stress the speculativeness of such distinctions as embarrassment, shame with stigma. He feels that in general and in academic discourse such terms are often used as if they were synonymous

and quotes instances where authors have used meanings in this way. (Goffman, 1972, Miller, 1978).[38]

Page has some further comments to make on responses to the acknowledgement of stigma. A marked person may accept or reject that a particular mark is evidence of inferiority. Acceptors may concur with an audience that the stigma label is accurate (Goffman, p.18), or alternatively, that acceptance is the first step back to normality (Humphreys, 1972).[39] According to Goffman, repair or correction is not tantamount to an acquisition of normal status (pp.19/20). Another possibility, states Page, is for the blemish to be looked at instrumentally, as, for example, concede to staff of a Salvation Army hostel that heavy drinking is a social evil in order to get booked in. He goes on to discuss the various possibilities of rejection. Some of the stigmatized may resort to a passive rejection of this label of inferiority (Sagarin & Kelly, 1975),[40] whereas others may draw special attention to it. (Goffman, pp.19/20, offers examples: the prostitute referring to her professional status or the Jew, displaying prominently the Star of David necklace, thereby both, confronting the stigma of their public as well as of their private selves).

Page then elaborates on the collective responses to rejection. This refers to possible political militancy by the groups or movements concerned to counter existing negative stereotypes by providing this kind of mutual support. Reference has already been made to the advertising campaign of the Spastics Society to change public attitudes on a greater measure of social acceptance of this group. Page

contrasts this by other examples where a militant homosexual organisation may use collective action to challenge the existing social system; or where such groups as the hippies demonstrate their own rejection of the prevailing social norms. (Brake, 1980).[41] Goffman's arguments come once more into the picture: the removal of the stigma from those that are different can be an ultimate political objective with a pressure group set up to serve this end. This kind of politicization could have certain implications for involved individuals in that it renders life even more different from the so-called normal life initially denied the stigmatized. Neither Goffman nor Page go into the nature of these differences nor the possible implications of the politicizing process for an individual member of such a collective that undertakes the protest. Two important group effects are, however, indicated: one, that the next generation of their fellows may profit from the efforts of individuals in respect of greater social acceptability; and two, that the process of alerting the public to the problems of the stigmatized will in some way consolidate their constitution as a real group and change public image in its favour. (p.139).

As a final point in his discussion of stigma reaction, Page deals with the attempts in which labels can be neutralized. Whilst a group may accept that certain attributes are evidence of inferiority, it may nevertheless deny its applicability in its case. Two kinds of neutralization are then possible: the formal, which involves appeals to an official body (the Mental Health Review Tribunal by a mental patient or a convicted prisoner campaigning via the media for a re-

trial); or the informal, where adverse labelling can be contested by reason of personal or accessible influence through class, status or power position in the community, even if the law has been infringed.

Spicker also probes but Goffman's basic concepts are not easily punctured. What then is his theoretical position on stigma? Important an idea as it is in the context of social administration, Spicker does not believe stigma to be an academic term but rather a part of common speech, without a precise definition, uncritically and vaguely used and accepted in the literature, without the benefit of reason or evidence. (Page 3 and 4). Also disputed is the conventional belief (and rightly so) that the stigma phenomenon originated in the British Poor Law. It has attached itself to people through physical, mental and moral deficiencies in history long before the 'poor' in this country in the late 19th Century had been transformed from (as Jack Katz, 1985,[42] would have it) an age-old moral adjective of sympathy into a noun of disgust and disgrace.

Nor is Spicker in agreement with Goffman's definition of stigma as a personal flaw, shortcoming or handicap in an individual. This cannot be so if one focuses on homelessness or unemployment as the implied blemish on character does not apply here. Thus, his implied pathological view of social problems is not appropriate and there is no cause to mark an individual as inherently discrediting. Yet the individual is so discredited by the interpretation of others who see the stigma as a social defect. To attach a special relationship between attribute and stereotype as Goffman does emphasizes in

Spicker's view the characteristics of the marked person far too much. He prefers to see in the stigma just negatiave social reaction, as though even this definition is incomplete because it fails to take account of his feelings of the stigmatized as an important element in the concept of stigma.

Goffman's threefold classification of the stigma components (Physical, Moral and Tribal) also does not find favour on the grounds that it stresses more the similarities between these stigmas than it distinguishes between them. It seems to Spicker that such discrediting attributes as deformity, personal defect or tribal (racial) stigma, depend on the social context in which such an attribute is viewed. The possibility of someone with black skin exposed to both, physical and tribal stigma (as in the case of Sammy Davis) is offered as an illustration. Likewise, character defects are not easily distinguished from the stigma of status and class (single parents, the unemployed, welfare recipients). All these can be labelled as defective individuals of the wider sectors of society.

The following question is now posed: is Goffman right in suggesting that the stigmatized have enough in common to merit being grouped together for the purpose of analysis? In other words, is stigma a unifying concept? If stigma cannot be seen solely in terms of a stigmatized person's characteristics (and the feelings of the blemished and those of others towards them can also not be ignored), do such feelings create a common experience of stigma? And what of the concept of prejudice?, asks Spicker. This adds yet a further dimension to

stigma as it helps to explain some common misconceptions and social rejection. But, the stigma cannot be seen as a direct result of prejudice, mainly because the term is so vague and reactions and attitudes so diverse. One finds not infrequently the same prejudices directed at different kinds of stigma.

Spicker's probing of the word 'stigma' continues. Some writers equate it with social inferiority (Fabrega, 1971,[43] p.284; Titmuss, 1974,[44] p.44; Griffiths, 1975,[45] p.9) and Goffman says that we are all stigmatized to some degree. To Spicker, such views understate the force of the term and to some extent devalue it. Stigma is a much more extreme and at the same time a more restricted idea compared with that of low status because it contains not only elements of degradation, but also of rejection and humiliation.

This author has a message. He sets out and succeeds in showing that the recipients of social welfare benefits carry a stigmatizing label, of which they themselves are acutely aware. Moreover, when reciprocity for a benefit is absent, dependency tends to dissolve the moral worth normally attained by those who are seen to contribute something to the social system. Labels exclude persons so marked from their in-groups, to which the labeller belongs and so increases the social distance and isolation from a society which clearly does not find a functional niche for every member (Spicker, 1984, p.174).[1] Whilst stigma is the core concept which runs through his entire discussion of the poor as a caste in the period of rapid industrial change, Spicker rejects the Marxist view which interprets the role of social welfare as the disruptive

social effects of capitalist economic crises (p.86). The reciprocity and exchange factor in Durkheim's approach to charity as a moral dimension, on the other hand, tends to reinforce social belonging and social solidarity. By this particular premise, the status of the moral poor is qualitatively distinguished from the paupers (the deserving and the undeserving), but where also the poor have legal rights. If this is to be taken as the sociology which Goffman applies in his micro-interaction studies of stigma research, one feels that Spicker has some sympathy with it.

One can now observe a trend whereby the dependent groups succeed in forming associations for the purpose of exercising a greater political voice with a view to countering victimisation and disadvantage in the quality of their lives. This can be gleaned from pressure groups, media presentations and large posters in prominent public places. Spicker may wish to give some space in his next edition to this 'coming out' process of the stigmatized that is gathering momentum.

STIGMA THEORY - Additional recent relevant publications briefly considedred

Professor Shoham's contribution to the understanding of social stigma some 18 years ago has in 1982 been revised and enlarged. The two authors (S. G. Shoham and G. Rahav)[46] offer in this second edition an extension of the popularly-known 'labelling' theory of the 1960s sociology of deviance in America, which emphasized the micro-aspects of a rule breaker's spoiled moral identity and the manner of various

stages in his societal processing. In his foreword to the second edition, Cohen sees also a macro-political dimension whereby society needs to categorize deviance in order to clarify its own normative boundaries, and so ironically 'needs' its deviants and criminals, as Durkheim and Marx (by adjustment and stability and conflict theory) acknowledge at an earlier time from different political perspectives. The authors do not attempt to link these two sets of historically-spaced theoretical interests directly, but present a concentrated exploration of the distinction between the 'normal' and the 'abnormal'.

The nature of the stigma is viewed in the 1982 work as closely related to the attitude of the group towards the deviant. The historical changes attaching social labels are briefly traced - the criminal, the morally-polluted, the heretic - and the various social sanctions all these attracted. As is also the case today, the individual who differs in behaviour, personality make-up or infringes a group's norm, is liable to be stigmatized as a deviant. Sanctions are determined by the strength of the norm and the severity of the violation. Shoham shows how the force of the stigma can generate social deviance by means of a model containing three variables: (a) value deviation - the individual's detachment from the value system of the group; (b) deviant behaviour - often predisposed by the detachment; and (c) social stigma - defined as a derogatory attribute imputed to the social image of an individual or group, which functions as a means of social control. The model suggests an interrelationship of these variables and linkage to social deviance in a descending order of significance. The stigma can be a tool by which stereotyping takes place and on a

second level can generate further deviance if norm values are totally rejected. The self-concept also enters into this interactionist approach whereby the deviant tags branded on the deviant by the agencies of social control are internalised by a need to be accepted but where an absence of reciprocity hinders fruitful interaction.

Shoham's study excludes physical and tribal (racial) stigmas. Social image (as used in (c) above) means the sum total of an individual's social roles and statuses as perceived in a given time by his or her membership or reference group. Thus, the analysis of social stigma is related to its effect on the aetiology of crime and deviation and how agencies of social control use it to curb infraction of norms. The process works in phases. The group is the 'norm sender' and oversees their observance of the 'norm receivers', who may be either sanction-oriented (when stigma will be very effective) or norm-oriented (conformist), when the stigma will be less influential. Visualising a continuum of extremes, there are clearly variations of behaviour along the line to affect the stigma as a control mechanism. Indeed, fear of the stigma may deter more than the actual sanction and its strength can often measure the importance of a norm. The authors are fully aware of the prevailing cultural influences of a particular society (as for example peer group orientation towards achievement). They also relate stigma to pollution in a moral context and draw on examples of ancient social and religious norms where sanction as an expiatory act was supposed to cleanse and purge the pollution and stigma incurred.

Discussing the process of social stigma, the authors present a model which elaborates the previously basic anatomy of the stigma components by other authors (e.g. Goffman). It is, however, only a model configuring probabilities that an individual or group will be stigmatized. The model, which forms a key part of the analysis, distinguishes three main categories: (1) Psychogenic processes, (2) Object of blemish, (3) Stigma as an act of power. By way of illustration, the authors single out (as independent variables) a set of four forms or typologies of stigmatized behaviour under each of the first two categories. Their meaning is here indicated briefly and will later be integrated into our suggested substantive stigma model. The psychogenic motives include the following probabilities:

(a) Stigmatizers can project their own guilt feelings and aggression upon others and so brand the Mark of Cain on them. Gossip is one of a numbers of ways. The authors hypothesize that the righteous indignation at someone else's behaviour or wrong-doing inherent to stigma helps the superego of the stigmatizer as it battles constantly with his or her aggressive and deviational tendencies.

(b) Scapegoating. Here the frustrated stigmatizer redirects these emotions from the causal to the substitute object. In this way, hostility is channelled towards the powerless. The Appendix on stigma origins demonstrates how scapegoating as a stepping stone to stigma can be traced back to ancient rites.

Similarly, Shoham includes some telling illustrations from history to make his point.

(c) Devaluation on an interpersonal level, which is a stigmatizing function in our status-oriented culture, designed to reduce the status of others, individuals and groups. Here again, excellent examples are given from ethnic relations, Nazi ideology, class, crime, violence and the law.

(d) Maintaining one's self-esteem by discrediting (explaining away) some other's achievement. In this way, the gap between ego and alter is narrowed and ego's failure explained by the neutralisation of alter's success. Ego's consciousness of stigma may thus be explained.

The probabilities suggested in the second category under objects of blemish are:

(a) Conspicuity. It is hypothesized that if a person is conspicuous or different, he or she may arouse fear and/or suspicion in others. It is therefore easier for stigmatizers to project guilt upon the former by means of the social stigma.

(b) Symbolic Relevance. The stigmatized here are presented as symbolically relevant to threat. As such kinds of object, they are seen as blameworthy (though innocent) and abused by

the stigmatizers. The threat can be real or an imaginary form of danger, misdeed or predisposed event.

(c) Powerlessness. The powerless are prone to projection of hostility and aggression and thus to stigmatization. In some societies, powerlessness, misery and misfortune are considered to be evidence of guilt and the plight of the victims deserved. Thus, the stigma of deviation often attaches to those who are too weak to fight back.

(d) Self-selection. Some individuals are victim-prone and attract (perhaps even seek) aggression and antagonism. This mechanism is likened to stigmatization. The victims remain passive and even accept the moral judgement placed upon them by others.

In the third category, which the authors classify as stigmas imposed by acts of power, they say that the criterion which triggers off the process that separates the non-conforming from the law-abiding and conforming is the 'power' element of social stigmatizing. Thus, if individuals or groups are too conspicuously different in that their existence or behaviour is detrimental to the power-backed agencies, successful stigmatization will take place. Justice, ethics, piety and 'positive' values are at best only formal, idealized criteria for differentiating between the misfit, the adjusted, the delinquent and the good. The authors show from quoted evidence how degrading labels

are reserved for the relatively powerless and how it is the criteria of the powerful that determine what is appropriate conduct.

Subsequent chapters (of a lesser concern for the purposes of my research) discuss prostitution, institutionalisation and effects of crime and deviance, and finally, Jean Genet's ideology of crime (1964)[47] as major deviant and outcast. The original Shoham in his noble attempt to enlarge the parameters of this complex concept of stigma has not escaped criticism. Comments have been on the lack of references to more recent works (Mukherjee, 1973),[48] the lack of formal mathematical specification of the relationships posited to exist between the variables discussed (McFarlane, 1972),[49] the view that the embellished presentation of theory obscures rather than enhances the text and there is not enough care and attention given to logical precision in the presentation of ideas (Lemert, 1971).[50] However, the same people recognise good documentation and imaginative employment of a variety of illustrations and cases from various sources. The many strengths of the book include a major contribution in the relatively new area of criminology and its integrated approach in offering, from this almost pioneering attempt, a sound conceptual framework and model, which the author would like to see tested. Also praised are the wide range of variables included in the discussion of stigma, the illustrations cited from seldom used non-American historical sources, and smooth style of the author. The ideas expressed should stimulate others who share the interest in social stigma even though the book is not a definite presentation of social theory. However, Shoham properly tries to set the process of stigmatization into a larger theoretical

context, not perhaps succeeding in a clear-cut way with such a difficult task. As an essentially mainly qualitative study, the criticism of demanding formal mathematical treatment seems to gain weak credence. What is particularly impressive in this work is what Stanley Cohen in the Foreword to the second edition calls 'the rich intellectual memory' of Professor Shoham's study into such territories as Mythology, Literature, Philosophy, Anthropology and Clinical Psychology, from which exploration and exploitation ample illustrations are given. With this attempted synthesis of theoretical concepts affecting those which society labelled as the bearers of shame and despair, this author has indeed helped those who follow in the search to understand and endeavour to aid refinement of what we know about stigma.

One of the most recent works of relevance to stigma research to reach this country is 'The Dilemma of Difference', a multi-disciplinary view of stigma, edited by Stephen C. Ainley, et. al., (1986),[51] to which fifteen researchers have made a contribution. The expressed aims of this reader are: to extend, elaborate and qualify Goffman's original ideas, and indeed, add impetus to theory and research in this area. This book arose out of a project on stigma organised by the Centre for Advanced Study in the Behavioural Sciences at Stanford, California, during 1980-81, when a group of psychologists and sociologists met for one whole year to attempt a consolidation of research and theory on stigma, and to map out some new directions for future research. In turn, this project gave rise to a Conference late in 1982 on 'Stigma and Interpersonal Relations', at which 20 young scholars from a variety

of behavioural science disciplines were brought together with a view to 'examine a wide variety of stigmas from a multi-disciplinary perspective'. Thus, with the help of financial sponsors, a forum was provided to enable investigators to work on such specific stigmas as blindness, deafness, ethnicity, gender, criminality, physical illness, illiteracy, heresy and witchcraft, old age, mental illness and mental disability. Members had the opportunity to discuss and explore the commonality and distinctiveness of stigmastization under different conditions and decided, after the conclusion of the conference, to write up in a series of papers the product of these discussions.

These authors do not see stigmas as attributes inherent under particular conditions of a case, or for that matter, that a person must have such attributes because he or she has somehow acquired potentially discrediting qualities. They focus on how stigmas develop and what forces sustain and diminish these. Emphasis is on variability, change, generation over time and reversibility of stigmas as social constructs. Some of the multi-disciplinary essays stress the importance of the interpersonal context in which stigmas are said to be embedded; others single out such influences as culture, norms, or the broader historical and economic contexts in the creation of stigmas. It is suggested that by conceptualising stigmas as 'ordinary processes of social learning and social interaction', one is able to begin to appreciate their affinity with more familiar forms of social differentiation, as for example, stereotyping and labelling, exercising power and control. Thus, the authors see stigma as an instance of a larger class of

phenomena and the multi-disciplinary approach as a gateway to asking questions and mapping out new lines of investigation.

The book discusses some important conceptual issues in greater detail, which makes Stafford and Scott's chapter 5 a significanat one. The many different kinds of stigma are recognised as is their common denominator that they are all said to generate ridicule and scorn. The reader is, however, cautioned against the vague and uncritical use of the term (stigma) which is at once linked to deviance and social control, and controversial, in that the latter do not cover as wide an area as those different stigmas listed in their first paragraph above. The prime question is therefore how to define stigma. We are given the definitions of six writers (Jones et al, 1984,[52] Pfuhl, 1980,[53] Schur, 1983,[54] Birenbaum and Sagarin, 1976,[55] Davis, 1980,[56] and Katz, 1981[57]) which all involve a 'disvaluation' of persons. At the same time, questions are posed: must disvaluation have a certain intensity; is disvaluation the same as inequality; is it associated with particular customs; and in any other case, whose disvalution is relevant? The definitions offered by these six writers do not answer such questions. Clearly, argue Stafford and Scott, stigma is to be seen as relative and collective in its meaning - relative in that it differs in different social units (obesity in women in some parts of Africa is highly thought of), and collective, because the social quality of disvaluation directed at an individual can come from a group.

What is needed, therefore, is a definition which avoids these problems, e.g. STIGMA IS A CHARACTERISTIC OF PERSONS THAT IS CONTRARY TO A NORM OF SOCIAL UNIT. Characteristics may entail what people do (or have done), what they believe in, or who they are (given their physical or social characteristics). The 'norm' is the key, but stigma is distinguished from deviance (defined as a norm violation) by its wider meaning than just 'behaviour'. At the heart of the issue is the conceptualisation of stigma. Many stigmas do not originate from behaviour (ugliness, cancer, paralysis). A norm is a shared belief of what behaviour ought to be in a certain situation. It is a broader concept than deviance. The authors argue for a wider or broader conception, such as norm, because the notion of 'norm' recognises the relativity and collective nature of stigma, whereas rules or standards may be formulated and imposed by an individual. Thus, norm includes behavioural and non-behavioural violations and its use in defining stigma in such broader terms justifies (in the view of these authors) treating stigma and deviance as synonyms. Illustrations are given to support the argument, such as premarital sex where chastity is valued, receiving welfare where self-sufficiency is esteemed and alcohol use where the sobriety is a requirement.

Nonetheless, this line of conceptualising (behavioural versus non-behavioural) into a single category (norm) brings with it complications as no etiological theory is adequate. Why, for example, do some characteristics of a person constitute norm violations and not others? (Why shortness and not blond hair?) That line of reasoning brings the issue of 'responsibility' into it. Blameworthiness can be viewed as

the essence of deviance. At the same time, if a characteristic is beyond a person's control, the norm violater would appear to be free from blame. Then, there is also the question of 'permanence'. The obese can slim, the unemployed can find work. But other norm violations are lasting: blindness, ugliness. Behaviour can also be changed over time. If in a society theft and being black are stigmas, a thief can be rehabilitated, being black is ineffaceable. A complication in such reasoning would be one-time events, which may and often do, assume a permanent character or quality. (The rapist is stigmatized as an ex-rapist). Further, one quoted writer (Sagarin, 1975)[58] points out that the seriousness of the behaviour in question, whether the act is as threat to others if repeated, and whether that behaviour is viewed as involving the entire moral character of a person, is also of relevance.

Another part of this chapter perceives stigma as an abstract concept which cannot be identified systematically without measuring it. Hence, some procedure is necessary for doing that. Two ways are proposed. One would be to solicit responses from all members of a group or alternatively from a representative sample - the upholders of norms. Respondents would be given a list of typical stigmas and rank these according to most and least disturbing (Schur, 1979).[59] The other way is to have respondents state what they consider to be the characteristics of an ideal person and then assess from a given list of traits possessed by actual persons whether the deviation is substantial, less so, or not at all. The reader is reminded that when framing such questions, care is needed to distinguish personal beliefs

and a perception of the beliefs of others. (For example, how far, if at all, paraplegia detracts from an ideal would depend on this distinction). In either case, stigmatization is identified by a deviation from the norm.

By reason of its collective quality (say the authors), there is a likelihood of agreement on what is considered a stigma. This is probably so whether we talk about child molesting or physical attractiveness. The problem is the quantitative measure before an expressed belief can be regarded as a norm. If it is held by a majority, then how much of a majority? Or should we believe Meier (1981)[60] when he says 'a norm is when two or more persons share the same evaluation'? Then there is also the question of occupational/social status of a respondent to be considered. The beliefs about paraplegia and how far it detracts from an ideal person may differ whether the status is that of corporate executive or janitor.

If the former believed the disability does not detract from the ideal, he would be influenced in employing such persons. Thus, the authors quite rightly hold that normative beliefs vary according to ethnic, class, age, gender, geographic and occupational lines. Whose opinion counts, or who is in a position to stigmatize is therefore also associated with status and power. What constitutes an ideal person needs also clarification. This would depend on role expectations and socially-sancationed demands. For example, premarital sex may not detract from it, but the perceived position may vastly differ if we

talk about people below the age of 14. The same characteristics may in certain circumstances generate more or less stigma and for some roles (suggest the authors) stigma may even be a requirement. (A previously stigmatized person counselling others with the same affliction).

The last part of this analysis deals with social control, but leaves the term undefined in context. We are told it involves reaction to stigma, of which a number of illustrations are given; and, that a stigma can spread by associaton, already established by Goffman's 'courtesy stigma'. The outcome is either restriction or termination of social relations, although positive reactions (that is, help or redemption) are also possible, as are a mix of reactions (the mentally ill can be viewed as obstructive as well as blameless victim). Stigmas can vary also between different social units and over time, which the authors amply illustrate with examples of adultery, deformed infants and a quotation from Christ's time; but, it is claimed, social scientists have not explained the causes of the variations. Further, one must distinguish between reactive norms and actual reactions, which do not always correspond. We don't, for example, physically punish stutterers or paraplegics. On the contrary, normative reaction in this case inhibits aggression and generates sympathy. There is also disagreement about intervention. For instance, is it more appropriate for relatives to react to such stigmas as alcoholism, mental illness or unemployment than it is to domestic conflict or homosexuality? It appears that the (slightly long-winded) point the authors wish to make here is that social control functions to limit social participation of the (so-called) disvalued.

The strengths of this book appear to be its clarity of prose, its attempt to marry abstractions with ample illustrations from other peoples' research and reality and its focus on achieving a respectable depth of analysis, which, however, can at times belabour the obvious or become somewhat repetitive. Whilst in a discussion of so complex a concept as stigma, many ambiguities have become illuminated, it would be a daring claim to say that the theory of stigma has been fully explained.

'Social Stigma - The Psychology of Marked Relationships' (Jones et al., 1984),[52] is only the second major attempt since Goffman (1963) to deal with the complexities of stigmatization as a theoretical concept. The authors, Social Psychologists in the main, have produced something more than chapters associated with their own specialism. The book is an effort of collaboration by established American academics which arose out of many mutually-influenced and editorially-guided discussion meetings, but had its real beginnings two decades earlier at a brainstorming session concerned with the psychology and practical problems of the physically handicapped. A casual exchange of views between one of the original members and the Director of a (Grant-aided) Center for Advanced Study in the Behavioural Sciences led in 1980 to the formation of a 'Stigma Research Group' to wrestle twice a week for one whole year with a sketchy agenda and intensive discourse to conceive this book.

Whereas Goffman's symbolic interactionist work was individualistic and inspired, but unsystematic, this book in contrast focuses on the

interaction between the stigmatized and the (so-called) normal, from a social-psychological perspective. The group makes use of the erstwhile Biblical term 'mark' as being sufficiently neutral in meaning to cover the many conditions which may generate stigmatization. A range of press cuttings are reproduced to illustrate not only that stigma is all around us, but also that the label marking one out for a deviant status, may affect us all. Most normals can point to some experience that deals with potentially discrediting or stigmatizing conditions. What the authors wish to make clear initially and in general terms is that stigma is pervasive, although they do not deny variations between potentially stigmastizing conditions or the effect that follows from these. Stigma results if and when a mark spoils the identity of the bearer.

The book's early theoretical part discusses the terrain of the stigma problem. The initial tour of press reports, covering the years 1980-82, touches on impotence, overweight, muscular distrophy, psychiatric problems, retardation, a paraplegic case, blindness and racial discrimination, to demonstrate how widespread stigma is, that it has also relational properties (that is, the perception of a normal towards the stigmatized can also be benign), and that our own subjective experiences contribute to the attitudes we hold (labelling others and sometimes being labelled ourselves). The authors suggest that although not all stigmas have equal force (acne not equivalent to mental illness), stigma is nevertheless all pervasive in any culture.

A useful contribution is also the clarification of meaning of hurtful labels directed at the target person. In their attempts to reach a consensus about such terms as stigma, stereotype, prejudice and discredit, the authors finally settled on the term 'mark' and made interaction the central interest of the book. A marked person can be variously defined (as deviant, spoiled, limited, etc.) and the mark related to personal biography, ancestry, group membership or behaviour, be potentially discrediting, or be central and persistent and so spoil identity. Thus words like 'marker', the 'marked' and 'markable' are said to cover the entire range of possibilities more satisfactorily. It implies that the deviant condition has been noticed and recognised as a problem in interaction even though the bearer may not attract a stigma. Thinking of a continuum, where unjustified negative effects at one end are contrasted with justified negative effects on the other, the belief system may support the latter condition by designating it in stereotyping terms. It is such social influences, accurate or not, that cause the marking process to drift towards stereotype formation.

As a further stage in their social-psychological discourse, the authors present a conceptual scheme to illustrate the diverse assortment of possible interaction under three types: (a) casual encounters, (b) role-based relationships, and (c) close relations. This framework is then applied to the hypothetical case of a college girl in her freshman year, who is advised that she will share a room with another who has lost a leg in an operation to prevent the spread of cancer. At this stage the book goes into what may be considered tedious and cumbersome detail of a gamut of possible psychological transactions between these

two students, from cognitive and affective expectancies, to self-concepts, strategic plans and goals of action, stimulus cues, perceptions and attributions over periods of time. In other words, the shape the relationship will take, and how a mutual adjustment to their personalities may be effected over the period during which they live together. The sequence of these hypothetical phases of the relationship together with the relevant variables indicated above are supported by four diagramatic presentations to show the possible history of interaction of and responses between the two, together with a number of likely outcomes by which the authors hope to demonstrate the role of stigma in close contact. Later in the book, a whole chapter is devoted to the discussion of long-term relationships between marked people.

Chapter 2, one of the key chapters for my purposes, makes a significant contribution in two important respects: it evaluates, firstly, relevant previous research which aimed in part at least to discover the vital dimensions of stigma: and, secondly, proposes what the authors themselves consider to be the crucial variables. It is essential to discuss both these aspects in concise form. So far, the book has been concerned more with the commonalities of stigma, but now switches its concern to the critical dimensions underlying the great variation of the stigmatizing condition. At this point, it is worth repeating that the perspective of the whole discussion focuses on the role of a mark in interpersonal interaction. The authors view such criteria as how degrading marks arise, their impact on self-concept and the strategies of coping, as well as their effect in interaction, as indispensable

components of stigma. After examining some eleven empirically grounded publications since 1957 and much debate, the authors settled on six crucially important variables to which consideration must now be given.

(1) Concealability: how can the afflicted hide the mark and so avoid adverse responses? It is taken for granted that the degrading condition need not be fixed and can be made more or less obvious, depending on what it is and how the marked person behaves in interaction. Epileptics can control seizures by drugs (Kleck, 1968);[61] illiterates can disguise their inadequacy by wearing heavy horn-rimmed frames to appear studious (Freeman and Kassebaum, 1956);[62] lower caste students in India were mysteriously recognised as such by upper caste students and socially rejected, although no visible blemishes were evident (Felice, 1977).[63] Even if successfully concealed, fear of discovery may engender guilt and shame and so influence behaviour. Also a person may be marked and not know it (offensive odour, for example, Levine and McBurney, 1977),[64] or alternatively, be aware of his markability and not know who his markers are. This state of uncertainty can be anxiety-provoking as such a person seeks constantly evidence of such denigration. It is here the marker who controls the knowledge about or the visibility of a blemish attached to the victim. Concealment possibility in day-to-day existence seems to interfere less with normal living (Goldberg's study compared the adjustment of children with scars to that of children with congenital heart disease and found the latter better adjusted, 1974).[65]). But visibility can sometimes reduce awkwardness as the perceiver would know from a distance what the encounter would require

(Shears and Jensema, 1969).[66] A noteworthy further point is that a meeting with a stigmatized person can engender disagreeable feelings in an unmarked person. Attempts have been made to measure such behaviour (Davis, 1961,[67] Farina and Ring, 1965,[68] Kleck, 1968,[69], and Langer, et al, 1976[70]), but as was noted earlier from the amputee case of the college girls, a long-term close relationship may reverse such responses.

(2) The Influence of Time: the degree of social degradation resulting from a mark can vary over time. Acne and burn scars, for example, become less defacing, leprosy, old age, multiple sclerosis, brain diseases, more debilitating, whilst blindness and dwarfism is mostly permanent. The authors supply evidence to show that all such conditions influence interpersonal relationships. Gussow and Tracy (1968)[71] discuss three 'courses' of marks: progressively crippling and deforming, non-fatal and chronic, and incurable. Schwartz (1957)[72] and Freeman (1961),[73] both found relatives' attitudes towards mental patients to be subject to change if it emerged that recovery was possible. Clearly, an injection of additional dimensions shows how complex this stigma concept is. Concealability of a condition, or whether it is genetically determined, and personal responsibility for a blemish, are all intertwined with the role they play. Actual changes of a mark and how these are initiated over time, as against expectations, or whether recovery from a blot (with or without the aid of others) can leave a psychological mark, are further influences, as is also self-awareness of the mark. The book offers selected research data in these areas.

(3) Disruptiveness: is another, but conceptionally less clear, key dimension. Reference is made here to that property of a mark that hinders, stains or adds in some other way to the difficulty of interpersonal relationships, which themselves are something inherent in the various dimension of stigma. What, however, is common to them is that a condition, such as strabismus (disturbances of the eye) or stuttering, makes interpersonal interaction uncertain and unpredictable. Finding themselves seated in an airplane next to someone with an obvious and disfiguring skin disease, the authors point out, most people would have considerable difficulty in maintaining their aplomb while conversing with the afflicted. Finding a clear definition for disruptiveness in a little researched field such as this is also a problem. Siller et al (1968)[74] used the term 'interacting strain', and Vann (1970)[75] 'antipathy and interaction strain', both similar in meaning. As an additional stigma component, its effect can be quite independent of the other variables. An example as to why attitudes play a less important role with regard to disruptiveness is given of the Jews. If they are held in high regard and desirable attitudes and intentions attributed to them, stigmatized behaviour toward them would be an unlikely consequence. Interaction can, however, easily be disrupted if strabismus interferes with normal eye contact or stuttering makes communication difficult. A more favourable attitude towards such disabilities would not necessarily avoid disruption in interaction. Thus, rejection in cases such as these, is very much of a practical nature, based on how visibility of the behaviour deviates from customary role expectations.

(4) Aesthetics: is a fourth concept concerned with stigma and considered to be an important influence by researchers. Broadly defined, the term relates to what is pleasant and beautiful to the senses. Conversely, disfigurement as such and the proximity to it, can become an offensive feature and cause rejection of a more intimate relationship. This is a gut reaction quite in contrast to an affective and cognitive reaction towards someone of normal appearance whom we know has a criminal record. The effect of some deformities can be quite powerful when, for example, it is believed with Schiller (1982)[76] that physical beauty signifies inner beauty, and what is ugly must be bad. Farina finds the consensual agreement to ugliness somewhat surprising as it runs counter to the kind of democratic tenets 'that we all deserve our chance'. An extensive literature seems to support the view that ugly people are assigned all sorts of undesirable qualities and their misdeeds judged as more wicked than that of the 'beautiful' perpetrator. Kurtzberg et al (1968)[77] found that released prisoners who had the benefit of cosmetic or plastic surgery to make them more attractive adjusted better to community living. Farina quotes further research which suggests that people's view of the world is also coloured by their own appearancee and that awareness of the impact of social reaction to one's appearance occurs from a very early age. (Walster and Bohrnstedt, 1973,[78] Lerner, (1977), [79] among others). As a pointer to a later discussion, even the impression that the dead make on living relatives makes the occupation of embalming thrive by providing the service of presenting the deceased in the best possible way.

5. Origin of the Condition: this is a causal variable and includes a number of sub-divisions. Marks may be congenital or non-congenital; may arise suddenly or insidiously; and the bearer may be blameworthy or not. Responsibility can be a complex phenomenon. It can expose the mark bearer to negative treatment. Tests of the hypothesis suggest that a more favourable treatment was given if the socially degrading condition (say, offensive body odour) was not due to insufficient bathing or metabolic imbalance. (Levine and McBurney, 1977).[64] Whilst observers may attach blame, they do not always have the facts of the case. Also, a negative view of the affliction can cause them to be held responsible for their problem. In some cases, markers endeavour to divert their own guilt on to the victim, or revert to some form of rationalisation if for any reason sympathy or help cannot be given. Lerner's hypothesis (1970)[80] of the 'just world' is quoted; it states that sufferers must deserve their fate, having brought the misfortune upon themselves through laziness or sin. Poverty has traditionally been so explained to absolve those exposed to the suffering of others from a lack of concern. In American culture poverty is often attributed to a lack of morals and efforts on the part of the poor. (Kerbo, 1975).[81] A number of further influences arising from origin are discussed in the book and may be briefly indicated as relevant here. One is that the handicapped tend to be more religious (Cameron et al, 1973);[82] another, that there is a difference between blame for causing the blemish and maintaining that condition (Brickman, 1982);[83] that the aggressively mentally disabled person is attributed a greater responsibility for his state than the man with withdrawal symptoms. (Fletcher, 1969);[84] and that

a normal is more accepting towards the stricken if the problem is of a sudden or recent than of a more remote origin. (Schwartz, 1957).[72]

6. Peril: is the sixth, and in my view, the most realistic and important dimension the author offers. It suggests that the stigmatized pose a danger in society. Hence, one has to ask what the nature of this danger is and what kind of evidence exists to support this claim. To begin with, the focus is on two aspects: one, the actual exposure to physical danger and the other a reminder of our own vulnerability. Vann, (1970)[75] discusses the subject of obesity in this context. Steadman (1980),[85] an American researcher concerned with mental hygiene matters, is of the firm opinion that it is fear that is the essence of stigma; and Lehmann et al (1976)[86] conclude, following review of the relevant literature and their own researches, that the element of threat causes more rejection than any other aspect of deviance. Farina himself investigated a variety of blemishes and his research showed that the more dangerous the possessor of the mark, the greater rejection will be. I shall indicate Farina's evidence in brief. Bobys and Laner (1979)[87] correlate dangerous homosexuals with stigmatization. The distinction between the mentally afflicted violent (known as 'furious' mental patients in colonial America and among lay people 'madman' or 'raving maniac') and those that are not, determines the treatment they receive by hospital staff and the public. (Deutsch, 1965).[88] But Nunnally (1961)[89] found as far as the public were concerned that all mental patients are dangerous and unpredictable creatures. What might be the probable causes for this image of such psychiatric patients held in the community, an image held also by

mental health workers themselves? Scheff (1963)[90] blames the mass media, which always seems to find a history of mental disorder in the background of those who commit sensational crimes. TV programmes also portray mental patients as highly dangerous. (Gerbner, 1980).[91]

The point is made that irrational, erratic and unpredictable persons can also be threatening if they are in a position of social power over others. Proximity of contact matters in such cases. Doctors and pilots are obvious examples. One researcher (Gellman, 1969)[92] also found that parents of normal children discourage close relationship with handicapped and disabled children. Physical contamination is a recognised danger. Plagues and tuberculosis have been shackled to a large extent and we all know about Aids. Goffman's 'courtesy stigma' is relevant here. It means that social rejection can occur through association with a blemished person. We cannot be certain of the reasons for this. Does the associate hide a similar problem, cannot he/she find a normal friend? Posner (1976)[93] has not found the answer. Even long-term associations can involve rejection. Posner relates the case of a morgue attendant whose work at a hospital entailed the management of corpses. People avoided him, although he apologetically explained that he always cleaned himself, changed tie and shirt before lunch, even though other members of the medical staff did not do so. Genetic association has also been found to constitute a peril. Birenbaum (1970)[94] discovered that mothers of retarded children restricted the activities of the entire family. I have a personal experience of a woman who denied completely to friends the birth of her mongol child and had it placed in an institution. Sack et

al (1976)[95] have information that the imprisonment of one member created a family crisis as the social stigma was transmitted not only to relatives but also on to their children. Very few can or wish to free themselves of a genetic association since this means disowning or abandoning blood relations. Farina now draws attention to danger or contamination of a different kind. It is of those who are stigmatized because they lead what he calls sybaritic or self-indulgent lives, prostitutes, gamblers and such, who are said to be profligates and to threaten moral contamination. Lastly mentioned, there are those brutalized by misfortune (the diseased, handicapped, stricken, paralyzed) who are in need of friends and moral help in the long term. Such marked people are seen as posing the sort of danger that obligates the rest of us to provide help. This obligation becomes severe if the association with the afflicted is a continuing one entailing also future commitments without a way to extricate oneself.

In the final part of his conceptualisation, the author rightly stresses that the six central dimensions are not the only possible influences on the role played by marks in personal interaction. He identifies a further six (I would call them sub-factors): the kinds of mark, the nature of interaction (short-term or long-term), areas of functioning (marital, parental, vocational), individual characteristics (appearance, background), the characteristics of the interacting normal, and the situational circumstances of the transaction between the parties to the relationship. Although these are seemingly partly extensions to and partly overlap of the original key dimensions, they

all contribute, together with the sources of previous research, to a more complete and refined understanding of the marking process.

Robert Scott in the third chapter grasps the sociological nettle of marking and aims at relationships in a large context of interaction. His interest extends the encounter from individuals to corporate bodies, such as groups and communities and their reaction to stigmas, which makes the role of social system dynamics a significant one in his discussion of the marking process. Similarly to his colleagues in the field of social psychology, he views (with Goffman and Schur) stigma as emerging out of a definitional process in the course of social interaction rather than an automatically acquired trait or discrediting quality. It is a process in which particular social meanings become attached to certain behaviour groups and individuals. Scott addresses two issues in sociological theory considered pertinent to the understanding of the social and cultural factors involved in the marking process: one is peril, which the author of the previous key chapter (Farina) has already identified as significant in stigmatized reactions; and the other relates to the varying degrees of audience sensitivity and tolerance towards those subjected to marks.

That the so-called normals perceive themselves to be threatened by marked individuals has already been argued in the pioneering writings of Goffman (1968)[21] and later by Hunt (1966),[96] Scott (1972),[97] and Schur (1979)[59]. The first question to be tackled is why stigma arouses this danger. In some instances, feelings in the wake of real of just potential danger (mugging) may be quite justified. But the

source of the threat we experience where no violence is involved is mainly symbolic. To understand this better, one must consider the forces that shape our sense of well-being phenomenogically by way of a shared conception of reality on the part of a group or community. This is what Berger and Luckman (1966)[98] had in mind when they referred to the 'Social Order', because objects, persons and events can then be identified, arranged and classified, to impart in group members a knowledge of what is expected of them. This serves as a frame of reference known as the 'symbolic universe' and denotes a shared system of meaning for every kind of human experience. In turn, stability is then achieved in our relationship to the world.

But, to advance this argument a stage further, we do not have an innate mechanism to achieve this stability because unlike other animals, it is not given to us in our basic genetic or hereditary make-up, albeit that we are good at adapting to the environment. As we are basically unstable, we cannot (to be saved from chaos) rely on the resources of our human organism alone, and need a symbolic frame of reference for the ordering of social reality. However, shared meanings, despite their universal features, do have a unique content for the symbolic universe of each group as social anthropologists in their studies of human culture have shown. Such closures, phenomenologically speaking, do tightly encapsulate members and wrap them (in the words of Hebb, 1955[99]) in a 'kind of protective cocoon of orderliness and meaning that shields them from the unencumbered exposure to natural order'. According to phenomenological teachings, the belief is that the natural order is complex, mysterious and terrifying, so that direct exposure

could harm or immobilize us. Thus, for Becker (1973),[100] man is a nature-created, defenceless animal against the full perception of the external world, distinguished from those animals that live for the moment, but whose curiosity and knowledge extend to past centuries and fears of the future. This, and the certain knowledge of death, gives him an experimental (but appalling) burden to carry. Hence, a full understanding of our condition would drive us insane. We live in a world filled with beauty, mystery and terror which, if we were to see it as it truly is, would make us too paralyzed to act. How then do we cope? According to Becker, this fear so haunts us that it influences much of our activities. Indeed, human culture and human character are creations that grow out of fear, and this burden in our lives can only be dealt with by invention and a limitation of our perception that give us the necessary composure to cope. It is done collectively through human culture and individually within the personality, and so allows us to achieve blind obliviousness through social games, psychological tricks and collective personal perceptions that are, Becker says, so far from the reality of our situation as to consist of the kinds of madness that may be agreed, shared, disguised or dignified, but madness all the same.

Thus in combination, the social order and human character combine to support a great illusion that drives us away from reality and self-knowledge, towards things that support the lie of our character and culture. From that point on, Scott's exposition turns to the writings of Douglas (1966)[101] and the question of social order. Whereas a private person may revise his or her pattern of assumptions or not,

cultural categories are public matters not easily subject to revision, which causes the symbolic universe to 'harden' and 'thicken' in the process, to take the form of an objective reality, that is firm and fixed; something external and coercive, but a stable entity of the real world nonetheless. It is, alas, only an illusion of order in everyday life, to us a socially constructed and socially transmitted experience. It is a socially-created interpretation of the world within which the phenomenon of STIGMA must be understood. That is precisely why (specific kinds of) stigmas imperil us; it is because this peril comes from the characterisation we adopt to order and interpret the world.

We take these collectively shared typical recipes of the world order as given and look upon them as invisible parts of our daily routine only as long as we are not confronted with marginal situations that challenge this order, and so make us aware of how precarious reality can be. That is exactly what stigmas entail. As put by Berger and Luckman (1966),[98] stigma and deviance constitute 'the nightside that keeps lurking ominously on the periphery of everyday consciousness'. It has its own sinister reality and is constantly threatening the taken-for-granted 'sane' reality of life in our society.

To grasp fully what is involved in our affective reactions to marginal situations of all kinds, we need further to consider, too, how we are so strongly conditioned by the experience of death. It is the ultimate disruption to how we order our lives, and the fear of it is the very basis of all threats to normal existence. In the words of Schutz

(1971),[102] it is the 'fundamental anxiety'. We can now better understand why stigmatizing conditions cause disorientation to the typical order in society and call into question our shared meanings by those marginal situations. Fear and anxiety is therefore also the powerful affect aroused in us by those who are maimed, deformed, disfigured, irrational, demented or otherwise mentally handicapped. They are, in part at least, conditions we wish individually and collectively to ignore, avoid, shut out of our lives. They remind the able-bodied normal (psychological and social) world of things it dreads most: tragedy, loss and the unknown, all undermining our social and psychological well-being.

One other (somewhat paradoxical) point in this exposition that epitomizes the complexity of stigma attitudes and reactions is that some of those who are marked by physical or moral abominations actually dare to be contented or genuinely happy. The able-bodied find this most disconcerting, tend to deny that such an adaptation can be real, and take on a defensive position: that the sufferer is not really happy but makes the best of a bad job; or that the unfortunate displays exceptional courage. Attention is drawn to an essay by Hunt (1966)[96] who is himself stricken by muscular distrophy. In his view, the normals want such persons to suffer as this confirms to them that the values denied to the disabled are worth having and good. If the disabled show no obvious signs of suffering, they must surely challenge those whose worth is linked to their more fortunate position in life. An additional idea voiced (by both Hunt and Goffman) is that stigma can be threatening and that the normals view it as a moral defect. To be

stigmatized is to be morally besmirched. Such a reaction may be applicable in some cases (the author suggests child molesting), but it is far from clear why such a label should apply to such cases as physical deformities or mental disorders, for example. Lerner and Miller's 'just world hypothesis'[103] offers (according to Scott) a plausible explanation: those who are blemished in some way challenge our conception directly that the world is a just place (although this is not the only reason for immorality attributions to the stigmatized); by such reasoning, an individual is able to confront the physical and social environment as if these were orderly, stable and indeed, long-term. If such values are challenged, our security is undermined, the world is then not just, life not fair; and also, we may not then be able to attribute traits to the victim which makes his or her misfortune seem deserved. Because of such beliefs, we are tempted to stamp that person immoral, evil and deserving of his or her plight. Shared meanings of this kind tend to accord them legitimacy and are not easily reversed.

Concluding Comments

My endeavour in this chapter has been to present in a critical context the view of these seven social scientists interested in the complexities of stigma. Making meaningful and conceptual sense of the term is a mind-boggling task. Indeed, the question is whether in the light of the present stage stigma research has reached this can as yet be done. The problem revolves not so much on the consensus of basic definitions (although there is some diversity discernible) as with

making sense of the refinements. I shall illustrate what I mean. Firstly, there are stigma types, stigma dimensions, stigma responses, stigma effects, stigma causes and stigma characteristics. Secondly, taking the stigma types, one can identify situation stigmas, mind stigmas (the self), moral stigmas (reputational), natural stigmas (ascribed), acquired stigmas (achieved), temporary stigmas, death stigmas (contamination), gender stigmas, race stigmas, habit stigmas, association stigmas (transmitted), pseudo stigmas (pretended), power stigmas, needs stigmas (of society), multi-stigmas, and work stigmas. Thirdly, there are a host of new terms and meanings which Goffman coined: social identity (virtual and actual), discredited and discreditable perspectives, physical, conduct and tribal stigmas, sympathetic-others, wise-others, courtesy stigmas, patterns of stigma (inborn, protective neighbourhood, later-life discreditability, alien community socialisation), passing, in-deeperism, cinderella syndrome, evidentness and known-aboutness, covering, perceived focus, with-relationship, points and slips, behind-the-scenes-joshing, hobbyists, to give examples of some of them. Fourthly, there are perceived variations of conceptual meanings: the definition of a normal; whether there is some commonality in all types of stigmas; the historical influence on the stigmatized as compared with the history of stigma as such; whether stigma involves (or does not) so much a set of concrete individuals, the stigmatized and the normals, as a two-role pervasive social process in which an individual participates in both roles; whether the stigma is an element of social order; whether it is evidently true that we are all subject to stigma at some time in our life cycle; whether interaction is a necessary ingredient of stigma;

to what extent stigma components evolve along with society; whether destigmatization can be achieved; and how to integrate historical, anthropological, social-psychological and sociological views of stigma into a single comprehensive framework. These are just some of the theoretical questions that need further consideration, supported by empirical data. Fifthy, some of the authors discussed have developed forms, probabilities, categories and crucial variables as part of their conceptional schemes of which I shall also give an indication here.

It appears to me that Erving Goffman might be regarded as the father of an earlier and original stigma conceptualisation which no longer accepted the comprehensive use of the term to cover all meanings and applications. His categorisation (of the physical, conduct and tribal elements) provided the basis on which subsequent writers attempted to build, refine, enhance or even embroider their ideas and contributions. I have for this reason placed Goffman's divisions at the top of my synthesized model of the anatomy of stigma, shown at the end of this chapter. The content of the boxes offers examples, all of which link conveniently with Jones et al which, in addition to defining a possible triad of relationships (casual encounters, role-based relationships and close relations), suggests six dimensions which can affect the degree of discredit. These refer to concealability, responsibility, aesthetic concerns, fear and disruption in social interaction as they affect the stigmatized person. I have discussed these relationships in some detail on pages 71 to 79 in this chapter. My model then provides a further link with the ideas of Shoham which also advance an interesting three-fold classification I use to show how the basic anatomy of stigma

can be elaborated by way of a process of social reaction towards the stigmatized. These are coined as psychogenic, object of blemish and act of power. Shoham abstracts four typologies (as independent variables) from the first two of the three categorised social processes: the projection upon others; scapegoating; preservation of self-esteem and the discrediting of others. Shoham expands the second process further by suggesting four probabilities under which objects of blemish can be viewed. These are headed as: symbolic relevance (the stigmatized as a threat); conspicuity (the deviant arouses fear or suspicion in others); powerlessness (proneness to projection of hostility); and self-selection (passive victim accepting the moral judgement placed upon him by others). The model incorporates all of Shoham's variables, including also sub-sections of the third category of power: namely interference, differentiation, degrading labels and stigmatized power. Pages 57 to 60 elaborate upon Shoham's propositions critically and offer comments on the value of his contribution to the understanding of stigma. Of all the theoretical propositons reviewed in this chapter, I have singled out for inclusion in my model only those authors who I felt had endeavoured to expand on Goffman's basic concept, rather than interpreting or ornamenting his ideas. I have also included (more as a rider perhaps, because the whole tenor of my thesis is on the qualitative) Ainley et al and Schur on measuring stigma (page 65). How can an abstract concept such as stigma be systematically identified if not by some kind of measurement? Soliciting responses from group members or a sample, who incidentally see themselves as the upholders of what is normal, or assessing deviations from a given list of the characteristics of a (so called)

ideal person, are the two methods suggested. My model incorporates these also.

I have opened my concluding comments with five indicators of stigma and hope to have demonstrated how enigmatic theory in this field has now become. Here the genius of Mozart springs to mind as an illustration of how death has not shown itself as a final validation of an individual's worth or distinction. This talented and creative man was engulfed by what can be identified as multiple stigmas such as physical disabilities, drink addiction, tangled finances and debts, courtship rejection, periods of unemployment, pauperisation, ostracism, courtesy stigmas (see page 26 for an explanation of this term), and unnatural death. As 1991 is Mozart's Centenery Year, I thought it a good idea to present his full case in the Appendix (Case 6), as a general characterisation of some of the stigma ingredients discussed earlier and to enlarge on their timelessness in the sense that they can just as easily be experienced in this century as in the 18th.

Such opposing forces as genius and stigma need a separate conceptualisation quite different from the stigmas arising from the stains of disadvantage and disability, if these operate side by side within individuals or groups. I have earlier shown these opposites also to be present in the examples of the pneumoconiosis case and the orphanage case (Cases A and B on pages 12 to 14), where such factors can and do compensate for or mediate to counter existing stigmas. The discrediting attributes of a stigma can also come to the fore in some professions enjoying the highest social status by reason of the

stringent requirements regarding training and qualifications. A perfect illustration is provided by the "death occupations", such as the forensic pathologist, who, as a highly qualified medical expert with many years of specialised training, helps the police to solve crimes, is often a key character on television, aids the health services and is, to the general public, performing a scientifically-sounding job for which it has a morbid fascination (as represented by the circumstances of unnatural, sudden death and the anatomy of the human body). At the same time, not many people would wish actually to do this work, which is known to be and has been referred to in pilot interviews as 'mucky and disgusting'. (Saunders, 1983)[104] To a lesser extent, this abhorrence of death occupations applies also to those that 'handle dead bodies' or have any association with the disposal of dead bodies, the mortician, the gravedigger, the embalmer, since the state of death reminds us all of our own mortality. The ambivalent status of death occupations will be discussed in some depth in later chapters but again evidences the presence of such opposing characteristics as high professional prestige (in the case of forensic pathology) alongside a public image of a job that pollutes and stigmatizes, in this way tarnishing the name of the profession and placing a blemish on the incumbents themselves. To signify a state or condition that is at one and the same time publicly esteemed and culturally offensive requires a new term to symbolise it. I propose to call it the 'JANUS EFFECT', derived from a god unique to Roman mythology, whose image is of two faces looking in opposite directions.

The late Arthur Koestler also made use of the Janus principle, but in more substantive terms by relating his concern with social order. He connected his opposites to integrative tendency on the one hand and self-assertive tendency on the other. In his view, stigmas can be seen as a function of genetically inherited aggression as we are the species of an evolutionary misfit, afflicted by endemic disorder. Whilst preserving our corporate identity is important, maintaining individuality through self-assertiveness is indispensable if the social structure is not to dissolve into an amorphous jelly or degenerate into monolithic tyranny. Apparent unprovoked acts of destructiveness can be the hidden motive for one's feelings of being rejected. Koestler is with Freud here regarding cruelty and destructiveness as pathological extremes of the self-assertiveness which occurs when frustration or provocation go beyond a critical limit. The message that rejection (stigma) disrupts the social fabric is clear enough, but a very brief look at the rationale of Koestler's thesis is worthy of space even though it might cause a little amusement among social scientists. Koestler argues that we share our brain structure with the reptiles and lower animals, but superimposed on us by an evolutionary process is also the specifically human neo-cortex without adequate coordination and that this constitutes a catastrophic evolutionary blunder. It means that if we are either murderous or infantile in our social behaviour, the fault was not in our stars but in the horse and the crocodile we carry inside our skulls. Thus, the homo sapiens is the victim of an evolutionary mistake. Given these circumstances, can equilibrium be achieved, and if so, how? We need to achieve it between aggressivity and altruistic transcendence, without which we work

towards our own extinction. Where then does salvation come from? It will come from the biological laboratory. It will be drug use to get rid of the homicidal tensions and reach a pharmacology of benevolence. (Koestler, 1979).[105] By this reasoning, stigmatizers can all be victims and victims can all be stigmatizers. It could bring us full circle back to Goffman, who arrived at the same sentiment by a different road already discussed. The question is, can he like Hobbes offer some central ideas as a contribution to social theory? I hope to show in this final part that he has done so.

The thesis of both, the appendix on the origins of stigma and also of this chapter is, that an expansion of our understanding of the stigma concept may be achieved by the introduction of selected cultural, institutional and structural factors relative to the condition of individuals with deeply discrediting attributes, who share the experience of ostracism, ridicule and discrimination. Having earlier briefly introduced Koestler's wider structural concerns, space cannot now be denied to Goffman's (sometimes veiled) perception of the social order, particularly as he himself is still (often benevolently) labelled as a 'theoretical lightweight' with, however, a gift for 'manifestly brilliant' writing. (Giddens, 1984).[106] (One good professor, who had better be nameless, referred to Goffman during conversation with me as a mere 'embroiderer').

Goffman's comprehensive output indicates that his work operates on two levels, of which the interactionist is far better known than the structuralist. Why is it, one might ask, that people have not

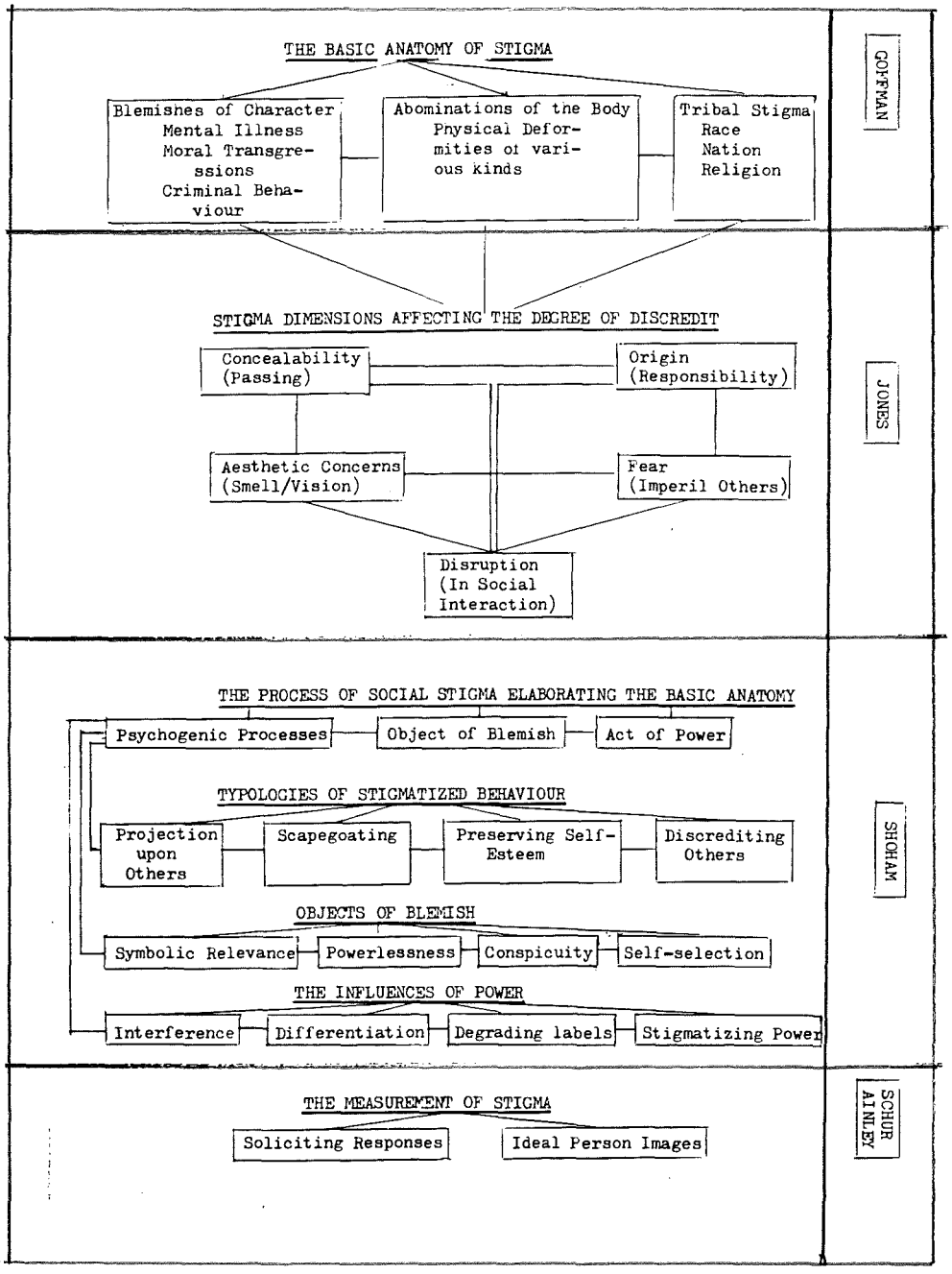
discovered his important theoretical statements? They must have been looking in the wrong places. As already noted earlier, some of Goffman's writings are neither widely accessible nor widely read, and it requires a great deal of effort to peruse his scattered works created over a span of 30 years, to be able to pull together a coherent statement of his underlying theoretical stance. I should like to end this chapter by saying a little more about Goffman since, metaphorically speaking, he provided the trunk of the theoretical tree upon which in the main all these subsequent writers on stigma have grafted their conceptual branch refinements. Critical commentaries on Goffman's writings have asserted that his concern is only with the trivial matters of social life. This can be refuted by relating (not in great detail) some signposts of the centrality of social order in sociological analysis that were meaningful to him. Another and contextual reason for expanding my discussion is that stigmas can and do disturb the social order or alternatively function to regulate it. Goffman knew only too well (as evidenced in 'Stigma' and 'Asylum') that individuals are not automatons or clones, acting without rhyme or reason, to manage their identity. In institutional terms, Carol Goldin (1986)[107] has shown by her ethnographic field data how the prevocationally blind in specialised rehabilitation institutions by group activism in the community manage to counter stigma, paternalism and the economic dependency relationship. I will argue, therefore, that macro-structural considerations have not passed Goffman by.

One can take the concept of social order as just an entry point into Goffman's social theory. He assumes its possibility as given.

Instead, he asks, where do we have to look if we want to observe it in action? It is not the good or bad of social order that interests him but he rather views it as a pattern in need of close study. It is the process of order through which behaviour is systematised, a design which provides the structure of interaction. Order is necessary to produce coordination of the people in a group, and can be observed in everyday interaction. Social order is an abstract concept which we cannot see. What we need to do is to find some aspect which can be observed and study that. It is in the myriad of everyday social encounters that the social structure should be seen. If one interprets Goffman in this way, a re-reading of his work will yield enough evidence discovery theory (alas too often only in outline) for the accusation that he focuses just on micro analysis to evaporate. (Leeds-Hurwitz, 1986).[108]

I have earlier in this chapter suggested (p 60) that if people are more personally distant from the content of particular social roles, they tend to perceive such roles in a different way from that of the incumbent. This can and frequently does explain the existence of labelling, stereotyping, prejudice and stigmatization. This is not to say that stigmas arise only from the distorted role perceptions of those others who do not perform that role. But given the possibility of false role translation, this does not, however, clear up the puzzle why, among the hundred authors quoted and many others who researched this terrain, no one has ventured to focus on stigmas related to occupations and professions, or attempted to relate the work content and function (that is, self-identity, attitudes, images and effects)

which deal with the stigmas involved with dirt, polluted matter or the disposal of the dead. Such an investigtation will also open up afresh the probabilities of such questions as whether all stigmas warrant a common classification because of their common denominator of all generating ridicule and scorn (pages 67 and 81); whether stigmas are all ordinary processes of social learning (page 91); or whether stigmas are socially constructed and socially transmitted, as has been intimated on page 111. It is now my task in the next chapters to investigate the stigma of occupations.


THE BASIC ANATOMY OF STIGMA
Blemishes of Character
Mental Illness
Moral Transgressions
Criminal Behaviour
Abominations of the Body
Physical Deformities of various kinds
Tribal Stigma
Race
Nation
Religion
GOFFMAN
STIGMA DIMENSIONS AFFECTING THE DEGREE OF DISCREDIT
Concealability (Passing)
Origin (Responsibility)
Aesthetic Concerns (Smell/Vision)
Fear (Imperil Others)
Disruption (In Social Interaction)
JONES
THE PROCESS OF SOCIAL STIGMA ELABORATING THE BASIC ANATOMY
Psychogenic Processes
Object of Blemish
Act of Power
TYPOLOGIES OF STIGMATIZED BEHAVIOUR
Projection upon Others
Scapegoating
Preserving Self-Esteem
Discrediting Others
OBJECTS OF BLEMISH
Symbolic Relevance
Powerlessness
Conspicuity
Self-selection
THE INFLUENCES OF POWER
Interference
Differentiation
Degrading labels
Stigmatizing Power
SHOHAM
THE MEASUREMENT OF STIGMA
Soliciting Responses
Ideal Person Images
SCHUR AINLEY

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CHAPTER III

CONTENTS

A PROFILE OF THE DEATH INDUSTRY

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A PROFILE OF THE 'DEATH' INDUSTRY.

Death Occupations - Some Structural Aspects.

Two main reasons make it virtually impossible to offer precise data concerning the occupations in focus. The first within a limited control of the Office of Population Censuses and Surveys relates to the fact that occupations such as Forensic Pathologist, Embalmer and Grave Digger, are embedded within specially defined and coded groups. Hence, Grave Diggers are classified as a sub-group of construction workers and Embalmers as a sub-group of service workers. Even more complex is to categorise the whole occupation in the Forensic field which the following illustration will show. He or she can be a Plant Pathologist employed as a Civil Servant; a Consultant Histopathologist in the National Health Service; a Neuropathologist in University Teaching or at a Teaching Hospital; or Pathologist Medical Practitioner also within the National Health Service; and if the work entails Post Mortem examinations, he or she will be attached to HM Coroners' Office[1]. Of the four occupations discussed in my research, Funeral Directors are the only category that nearly corresponds to a whole occupation unit group. The difficulty of correlating these occupations with mortality figures or divorce rate will therefore be readily appreciated. The profession of Forensic Pathologist will form a later separate section of this study as it constitutes a main part and has been surveyed

nationally. The other three occupations (or professions, if so regarded) have been investigated on a smaller scale by way of case studies and face-to-face interviews in different parts of the country and a shorter chapter will be devoted to each. Apart from the problem of definition there is, secondly, also one of erecting a structure. No researchers appear to have tackled this before which is hardly surprising as this Industry has undergone constant changes during the last few years. For example, a Corporate Review of Hodgson Holdings plc[2] shows that between the years 1976 and 1988 sixty-four small and medium-sized family businesses have been taken over, with the previous owners either retired or offered salaried employment as managers and the old established name retained. Thus, Hodgson Holdings has grown from arranging 400 funerals per year in 1975 to now arranging 30,000 in 1988. Only one Research Agency can be traced (Inter Company Comparisons Limited) to publish a financial survey of Funeral Directors for England & Wales from public inspection of records on microfiche at Companies House and including such details as turnover, assets and liabilities, profits before tax and payments to directors. The market share of the Funeral Business in total is constantly in a flux and not published anywhere. It can be approximated by extensive and costly search only. I will offer an estimate from the information I have been able to obtain during my interviews.

ESTIMATED MARKET SHARE OF FUNERAL BUSINESS AS ON SEPTEMBER, 1988

Great Southern Group	11%
Hodgson Holdings plc	20%
Kenyon Group	16%
Co-operative Funeral Service	28%
Remaining Private Sector	25%

Note: The carve-up would include at least one multi-national company as Pompes Funebres Generales (PFG) now has a 29% stake in Kenyon Securities.

The Economic and Social Consequences of Market Control by the Few.

The percentages above show a distinct move towards what the Economists call an 'oligopoly', alas not a perfect one, since there are still 25% of small firms to be gobbleld up. Perhaps gobbling up is not the right term to use because offers of acquisition are made discreetly by personal letter, giving some indication of the terms on which this would take place. In fairness to the offerer, the terms often suit the offeree, who may be moving towards retirement age and welcome a large sum for a marginally successful business on which to call it a day. Alternatively, the position may be quite different when children of the undertaker come to terms with the possible stigma or image of a career handling the dead and opt to continue the family firm by the next generation. In that case, the offer of a takeover is refused. No doubt, given enough profitability for survival, a small residue of companies will wish to or has taken this step. Should the principal of a family firm be still young enough and willing to manage, the sale would generate a lump sum to invest and a generous salary besides, although control would pass to the large company, which would in due course replace the incumbent by a person of its own choice.

The Shape of Things to Come

Looking at this Industry in the broadest of terms, it is likely that the percentage of the remaining private sector will reduce further but for the reasons explained not completely wiped out. The question then

is what the four large competitors will do and whether any one of them will achieve, or wish to achieve, a monopoly position to take charge of the disposal of the approximately 3/4 million dead in the U.K. in the space of a few years' time. Apart from the interest the Monopolies Commission would take, it is unlikely that this is the way in which the Industry will move. What is more likely between the controlling four is a movement of the percentage of the market share as they attempt to offer additional services to clients. Examples in point are the Funeral Advance Payment Plan for the provision of a subscribers' own funeral arrangements offered by the Co-operative Funeral Service whilst Hodgson Holdings are branching out to offer clients a complete set of funeral services. Competitors watch each other and tend to make the same services available until one or the other thinks of something new to draw clients. According to the Trade Organiser of the Furniture, Timber & Allied Trades Union, it is only in the last 5 or 6 years that people have started to shop around for the price of funerals whereas before they never used to quibble about the cost.

With the death rate considered to be fairly stable, competition for the available business is likely to become fiercer. This could have interesting consequences now to be elaborated as a hypothesis. Clearly, hundreds of small firms were ripe for a takeover because their marginal profitability, based perhaps on some 100 funerals per year, did not allow them to cope with the high cost of replacing such fixed assets as, say, a (£30,000 priced) limousine. A large group like Hodgsons can avoid duplication and rationalize costs. It needs only one head office and in a small town can operate one branch instead of

the previous six it has taken over. Now sophisticated systems are evolved to control direct expenditure and a good optimal use of both assets and staff is necessary to justify the high level of investment - hearse and limousine, refrigeration, mortuary and embalming facilities, reception premises, chapels of rest, coffin storage and workshops. In the case of Hodgsons, for example, the group can agree terms with Volvo to purchase 130 hearses and limousines, as it has done in 1987.

So, with these large groups, the watch-word will be rigorous promotion of operational efficiency, and that (according to the theory of a small family firm which refused to be taken over)[3] will be their undoing. Their collapse is predicted in about six years from now. The 6-year cycle of disintegration and reversion back to small units works its way through the following stages: large firm absorbs smaller businesses; cuts out competition; rationalises staff, services and assets; increases the cost of funerals to cope with mounting overheads; injects a greater element of impersonality; the message gets around to the public that this or that small funeral director gives a much nicer funeral; future clients revert to small family business and the number of their funerals grows; more of the experienced managers, retirees and their sons set up new businesses to meet the demand and so drain away or draw custom from the large groups. Result - large groups diversify to survive, which is already happening. Hodgson into insurance and financial services; Kenyon through being partly owned and controlled by PFG, the French undertakers, has an interest in private water distribution; the Great Southern in chemicals and the Co-op has long been known for its diversification in the areas of

retail food, dairy, motor trade, travel services and the management of property. It will be appreciated too that these large groups practise also intra-industry diversification, with interests in the operation of crematoria and cemetaries, monumental masonry, manufacture of coffins and various other ancillary and allied services. Some small funeral directors already have an indirect label for the large group: 'Hodgson? He is not a proper funeral director, gives the trade a bad name through his impersonal approach'. The interaction of the market with the human relations factor is obvious. Who can say whether or not the 6-year cycle will result in the death of the overtakers?

The Composition of the Work-Force and Unionisation[4]

To obtain a good 'feel' of this industry, one needs to have some idea of how it is composed in terms of people, organisations and resources. As this has not been done so far by anyone in this way (confirmed by a search), I will attempt a profile now.

As explained on page 1, it is not possible from the Census statistics to extract the number of specific death occupations (with the exception of Funeral Directors, who are classified as Undertakers) as these are hidden within umbrella groups. Reliable estimates put the number as approximately 7,000 full-time employees in the funeral service, with another 5,000 people who will be casual or part-time. Casual workers are likely to have other employment also, such as firemen, for example. In the private trade in some villages, the local builder or the local

painter and decorator, or the local removal firm, may still operate as the local undertaker. Up until 1972, the biggest union (the F.T.A.T.) made provision for people who were employed as coffin makers, embalmers, chauffers, bearers, french polishers and coffin fitters by special agreement, but from 1972 onwards, all these occupations were merged into three distinct grades of funeral operative. The reason for this was mainly that coffins are now mass produced, no longer french polished, or mounted with metal handles (these now usually made of plastic). With these skills virtually wiped out as far as the funeral service is concerned, there is also no longer an apprenticeship scheme. The workforce appears to be very stable, with many people having worked in the industry for long periods of time, and traditionally in some families for brothers and uncles, etc., also being employed. As there is no national agreement for funeral workers, negotiations take place usually on a regional basis. But with the recent emergence of the large organisations discussed earlier, company agreements are beginning to appear. Industrial relations are good. In fact, there has only ever been one strike over wages some 10 years ago, during the period of the Government's severe wage restraints when deals beyond 5% needed to be geared to productivity. Since funeral workers cannot negotiate on this basis, a difficult situation was created which was eventually resolved with the help of A.C.A.S.

TYPE OF TRADE UNION OF WHICH WORKERS IN THE FUNERAL INDUSTRY ARE MEMBERS

Furniture, Timber & Allied Trades Union (F.T.A.T.)	3,000
Union of Shop, Distributive & Allied Workers (U.S.D.A.W.)	500
Transport & General Workers' Union (T.G.W.U.)	200
Union of Construction, Allied Trades & Technicians (U.C.A.T.T.)	40
Nation Union of Public Employees (N.U.P.E.)	10
General, Municipal, Boilermakers' & Allied Trades Union (G.M.B.A.T.U.)	45

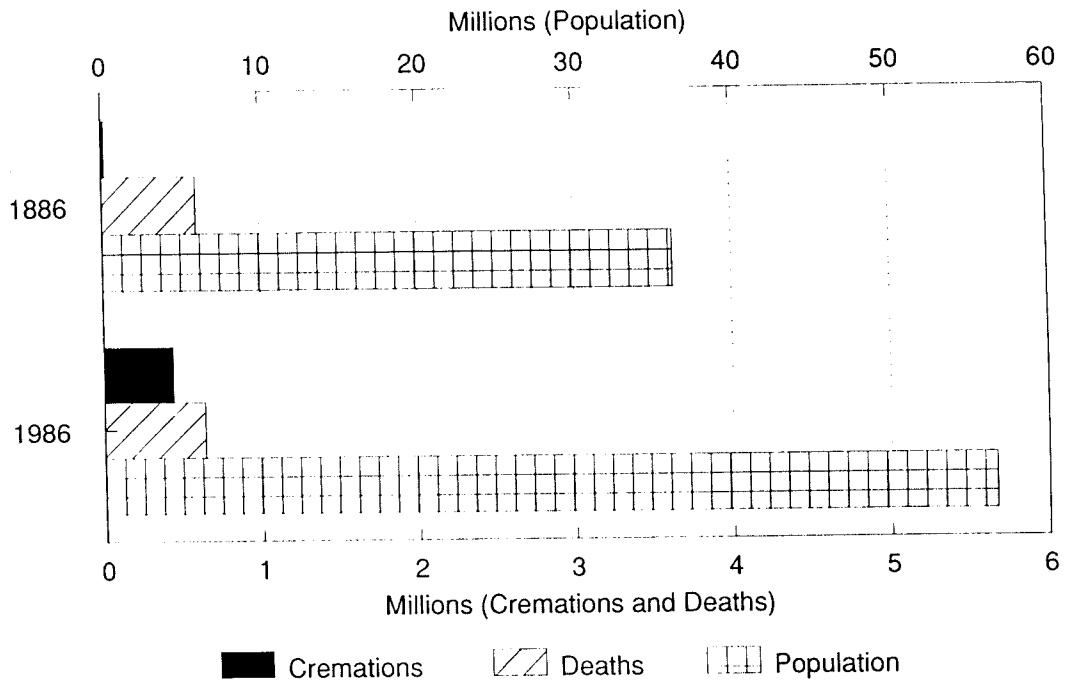
All these numbers must be treated as approximations and the smallest as estimates, as it can be a difficult process to extract who are funeral service workers from total membership. The F.T.A.T. is the main union of persons employed in or associated with the funeral service. Some 60% of these will be employed by the Co-ops. Some Co-op employees may, however, be in one of the above mentioned other unions. When the Co-operative Societies first began to get involved in the funeral service, one or the other of two operational methods were adopted: they either set up an independent funeral service department and recruited funeral workers from the private trade, which incidentally was also the time when this union became involved; or they began to conduct funerals and attach the funeral department to furniture (when U.S.D.A.W. became interested in recruiting for membership), or to the transport department, when the T.G.W.U. was the one to join. In a few cases, funerals were linked with the works department, in which case the involvement was with U.C.A.T.T., now largely phased out as very few funeral parlours actually make their own coffins. It may be of

interest to note that alongside the development of multi-national interests, the F.T.A.T. are now members of the European Funeral Workers Committee, and its Trade Organiser the current President. The unions concerned with public and municipal employees will have members who work full-time or part-time as grave diggers or gardeners at cemeteries or in a manual capacity at the many crematoria administered by these authorities. The more precise nature of their work will warrant careful examination at a later stage in this research.

The Cremation Explosion

The significant impact of cremation in this country amply justifies the inclusion of its role as an important part of the structure of the 'Death' Industry. The first cremation was of a woman carried out in Woking in the year 1885. To date, the Crematorium there has topped it up to one million. The smallest crematoria deal with 200 to 800 cases per year whilst the largest can cope with 4,000 or more. There are now 224 crematoria in this country and 38 new ones under consideration. The cost of building them is mounting. The cheapest in recent times was build for £75,000 in Chichester in 1971, which, with 2½ thousand cremations in 1987, may be considered as of medium size. Today's cost is likely to be £1½ million or more, depending on size and whether the price of land and landscaping is included. Up to year 1987, all the crematoria disposed of slightly over 12 million dead. The Table below illustrates the cremation explosion in figures over the last 100 years.

POPULATION GROWTH, DEATHS AND CREMATIONS 1886/1986



Source: CSO Annual Abstract of Statistics, 1988 Edition, (People), and Directory of Crematoria, 1987 Edition, pp1-2a

POPULATION GROWTH, DEATHS AND CREMATIONS 1886/1986

1886 Population 36,314,000, Deaths 597,357,
Cremations 3.....% almost nil

1986 Population 56,763,300, Deaths 641,181,
Cremations 440,997.....% 69 and rising

Source: CSO Annual Abstract of Statistics, 1988 Edition, Page X (People), and Directory of Crematoria, 1987 Edition, Pages 1-2a.

Whilst the population has risen by some 64% in the last 100 years, the absolute number of deaths has remained remarkably stable, with cremations having risen steeply to nearly 70%. The work routine and staffing in the crematoria will be discussed a little later in this chapter. For now, it may be mentioned that in the South of England, the time between death and burial or cremation is usually a week to 10 days; and because a body starts to decompose immediately after death, most funeral directors will use some kind of hygienic treatment which may be embalming or it may be deep refrigeration. This makes it easier for the funeral service worker to handle the body. In the North of England funerals are very much quicker. This is probably due to the volume of the business. Although the average percentage of cremations is now 69, in large areas such as London, it could be as high as 83%. (Coates, 1988).[4] One of the reasons for the large increase in cremations is the shortage of space, particularly in the cities; another will be the prevailing social attitudes towards the mode of disposal, a subject meriting later discussion in its own right. In the year 1987, the average number of cremations per crematorium has been

1,937. To work out the numbers of the labour force without any available statistics is more difficult. I am adopting an arbitrary method to establish this by taking the measure of size by an approximate number of cremations for the year 1987. On this basis, there are 137 small, 55 medium and 31 large crematoria. From the visits to three crematoria (Norwich, Golders Green and East Finchley), I established the approximate number of people as advised by management.[5]

TABLE OF THE WORK FORCE EMPLOYED IN CREMATORIA IN G.B. IN 1987 (ESTIMATE)

Size:	Small (below 2000 Cremations)	Medium (below 3000)	Large (3000 plus)
Number:	137	55	31
Employees:	15 (average number)	25 (average)	35 (average)
Actual:	2,055	1,375	1,085

Source for Cremations per Crematorium in 1987: Federation of British Cremation Authorities Report to the Executive Committee.

Thus, the Grand Total of Employees working G.B. Crematoria in 1987 is 4,515.

On a rough-and-ready basis, 4½ thousand employees have disposed of some 432,000 dead in year 1987. However, productivity cannot be calculated that way. There are many essential ancillary jobs that need to be done. At the Golders Green Crematorium, the 30 or so people working

there consist of the following occupations:

Manager, Supervisors, Administrative Staff, Reception Staff, Switchboard Staff, Maintenance Staff, Memorial Gardeners, Other Gardeners, Cleaning Staff, Traffic and Car Parking Staff, Chapel Attendants, all in addition to the people directly concerned with cremation tasks.

Crematoria can be privately owned as is Golders Green, or they may be municipal. Some are administered by a Joint Board. Golders Green has no trade union members. About 30 crematoria are proprietary, 24 joint and the rest all municipal. The equipment in use is now very sophisticated and managers as well as attendants have the benefit of centralised training schemes.

Work Routine

On the day of the funeral the coffin is brought into the chapel and placed on the catafalque. At the moment of committal of the body, curtains may hide the coffin from view or it may be withdrawn through a gateway into a committal room below. The method can vary with each crematoria. The name plate of the coffin is checked with cremation order to ensure correct identity. Next, the coffin is labelled with a card prepared by the crematorium, giving all the relevant information and this card stays with the body until the final disposal of the ashes. The code of cremation practice requires that the cremation shall take place on the same day as the service. Where possible the

cremation follows immediately after the service. The code requires also that nothing must be removed from the coffin and it must be placed in the cremator as received. Fittings shall be combustible material. Normally, handles and name plate are made of hard plastic. Ferrous nails and screws do not burn and stay with the ashes until withdrawn from the cremator by the application of a magnetic field. Only one coffin is cremated at one time unless it is a mother and baby, at the request of the next of kin, two of which may (if the superintendent is advised) generally witness a committal of the coffin to the cremator.

At the rear and out of the public view is the hot and noisy furnace, known at the P.B.U. (the Dawson & Mason Push Button operated Twin Reflux Cremator). This is the one in use at Norwich Crematorium. Air blows into the cremator at great pressure by the blowers which I saw at the fan room. The ashes drop down into a tray for cooling and are moved from there to the preparation room, but not without first being exposed to the bone crusher, the machine which is used to reduce the remains to powder, known as the 'Cremulator'. The cremator accepts only one coffin at a time so that ashes must be withdrawn before it is used again. In this way, all cremation ashes are kept separate throughout the process. The identity card first attached to the coffin (and then temporarily placed on the outside of the cremator), follows through with the movement of the ashes, which by now are clear of all non-ferrous metals and looking like fine powder. The now totally bone ash usually weighs 4 to 6 lbs. The Crematory transfer room was equipped with a lot of shelving in small compartments. Some of these contained 'polytainers', which are plastic boxes used as temporary urns

for burial purposes as they do not disintegrate. That in short is the road from body to dust. It is (in the words of Aries, 1974, p 91) the most radical means of getting rid of the body and of forgetting it.....the urns rarely visited. If this is really so today, it might be meaningful to show some statistical information on how the cremated remains are disposed of. Again, the Report from the Federation of British Cremation Authorities is helpful here.

DISPOSITION OF CREMATED REMAINS.
(Year, 1987)

Strewn in grounds	57.0%
Interred in grounds	14.2%
Placed in graves or niches	3.6%
Taken away by representatives	23.7%
Retained pending instructions	1.5%

If Philippe Aries is right about the urns rarely visited, interments, ash in niches and the neglect of a crematorium receiving instructions, will add another 20% to the already traceless disposal of the 57% ash merged with earth (or water). Given the initial ceremonial and grief, are such subsequent obligations like visits to the cemetery and remembrance now too burdensome in our culture? Cremation interests do not like the practice of scattering the ashes as it deprives them of the need for their perpetual care. To cremate or not to cremate, to strew the ashes or deal with them in some other way, are aspects of custom and culture which are best discussed under separate headings of attitudes towards death. (See chapters I and IX).

How Cremation Authorities see their Work

The crematorium (at least in the U.K.) is required to be more than a venue for disposal, with or without ritual. It is perceived as a centre for the mourning process so that it becomes the focus of post-funeral interest and visitation for many years, generating the need for commemoration. It is proclaimed that crematoria in this country can truly be said to cater for the whole of the bereavement process and can be a worthy and satisfying substitute for traditional cemeteries. Only a few countries are said to have achieved this satisfactory compromise of seeing to the emotional needs of the population without creating the practical problem of land usage in or near to urban centres. A heartfelt need is met in a very real sense by those cremation authorities who take care to use their resources to provide well landscaped grounds and proper memorial facilities. When all is said and done, compassion for the bereaved is clearly combined with what is good business. For a balanced picture, there is a case to deal also with some criticisms. In fairness, the cremation authorities do not shirk making them public and explaining their own measures to deal with them.

For example, a number of incidents occured last year which served to reinforce the need for the cremation authorities to review their policies and procedures. To begin with, a small number of crematoria have long been criticised on three counts which inevitably tarnished the image of the service as a whole. One complaint commonly voiced was

that the dispatch and transportation of the remains in unsuitable containers frequently arrive at their destination in an unseemly state, or worse, with a partial loss of the contents. Secondly, the unwise practice of permitting crematorium staff to divide the remains prior to disposal, was equally looked upon with disfavour. But most objected to was the custom in some crematoria to retrieve such valuable metals as have not been destroyed in the process of cremation and offer these for sale. The alarmed Federation of British Cremation Authorities resorted to speedy remedies, in the first case by the specification of approved sealed containers and in the second ensuring the observance of the cremation regulations that the remains are delivered to the applicant or an accredited representative. As for the salvaging of metal residue, disposal must now be in aggregate according to the directions of the Authority and the amended code. Previously, the proceeds of sale were donated to charities, but the mode of dealing with this matter was so disturbing and offensive to the public (and Members of Parliament) that the 50 year old ethical code had to be changed. It is claimed by the Authority with some pride that this code of practice has operated satisfactorily without amendment in all these years and well before such codes were invoked by some other professions.[6]

The Death Industry Professions and Trade Associations

The brief identification of these bodies will complete the structural profile of this diverse industry. For a somewhat broader picture, I shall here include all the Forensic organisations although my special

concern in two later chapters will be with the Pathology side of the Forensic sciences. The membership of all these bodies tends to vary and can be given only in approximations. In some cases (Co-operative Managers) it was not possible at all to ascertain membership. Another point of note is that the membership subscription of the National Association of Funeral Directors is based on the number of funerals conducted and the size of the premises occupied. The takeover of the hundreds of family undertakings by a small number of large organisations should therefore (in theory, at least) not impoverish the finances of the professional body concerned.

(a) National Association of Funeral Directors (N.A.F.D.), Established 1905, Membership 2,000. Open only to members of funeral firms or member firms. There is an entrance examination, interview and inspection of premises. For gaining the diploma, there is a written paper and an oral examination.

(b) London Association of Funeral Directors (L.A.F.D.), which is just an area body of the above. There is no information on membership or the year of establishment. This body is not listed in directories or the telephone book.

(c) British Institute of Funeral Directors (B.I.F.D.), Established 1982, Membership 1,000+. Entry requirements are either or both of the N.A.F.D. and the B.I.E. qualifications. Unlike (a), this Institute caters for employees and the self-employed.

(d) British Institute of Embalmers (B.I.E.), Established 1929, Membership 1,000+. Entry is by examination of a theoretical and practical nature.

(e) Co-operative Funeral Service Management Association (C.F.S.M.A.) is an In-house body of the Society, conducting their own examinations. Membership could not be established even from the Society itself.

(f) Institute of Burial and Cremation Administration (I.B.C.A.), Established 1913, 760 Members. Entry is by examinations.

(g) The Cremation Society of Great Britain (C.S.G.B.), Established 1874, has a membership of 10,000 and is not an examining body. It promotes cremation and supplies technical information on every aspect of cremation and cremation administration.

(h) The Federation of British Cremation Authorities (F.B.C.A.), Established 1924, has independent members and member organisations, the latter in the main, consisting chiefly of 184 local authorities. The Federation publishes conference reports, technical information and a Code of Practice.

(i) The Proprietary Crematoria Association (P.C.A.), Established 1944, Membership consisting of 26 Crematoria and 10 Cemeteries. This organisation concerns itself with meetings, education and training, statistics and employment matters.

(j) The National Association of Master Masons (N.A.M.M.), Established 1907, Membership approximately 450, mainly firms, is concerned with trade in the monumental and memorial industry.

(k) The Funeral Furnishing Manufacturers Association (F.F.M.A.), Established 1920, Membership 30 firms.

(l) British Association of Forensic Medicine (B.A.F.M.), Established 1950, Membership approximately 180. This body's objectives are to represent the scientific and vocational aspects of Forensic Pathologists.

(m) British Academy of Forensic Sciences (B.A.F.S.), Established 1959, Membership 575. Its objectives are to encourage the study, improve the practice and advance the knowledge of legal medicine and forensic science.

(n) Association of British Forensic Specialists (A.B.F.S.). Neither membership information nor the year of establishment is available. Correspondence can be conducted only via a Post Office Box Number. (Membership includes Detectives).

(o) Forensic Science Society (F.S.S.), Established 1959, has 900 individual members, 45 member firms and 1,000 affiliates. This society conducts examinations and publishes various monographs.

(p) Association of Police Surgeons (A.P.S.), Established 1951, has 680 members. Its objectives are the advancement in medico-legal knowledge in all its aspects as applied to the work of Police Surgeons.

(q) Medico-legal Society (M.L.S.), Established 1901, Membership 650. Objectives are the promotion of medico-legal knowledge, the holding of meetings and the publication of a journal.

THE DEATH INDUSTRY: A Structural Composition of Associated Segments[7]

EXAMINATION BODIES	TRADE UNIONS	TRADE ASSOCIATIONS	FORENSIC BODIES	ANCILLARY INTERESTS
NAFD	FTAT	CSGB	BAFM	POLICE
BIFD	USDAW	FBCA	BAFS	CORONER
BIE	TGWU	PCA	ABFS	CLERGY
CFSMA	UCATT	NAMM	FSS	REGISTRAR (of deaths)
IBCA	NUPE	FFMA	APS	MEDICAL (other than Forensic)
	GMBATU		MLS	VOLUNTARY ASSOCIATIONS

EXPLANATORY COMMENTS

(a) The full names of the appropriate bodies and their membership are stated on pages 17 to 20 in this Chapter.

(b) Membership will in some cases consist of owners (for example Funeral Directors), employees (including those who are Managers), qualified people (members of Learned Societies), trades people (as for example Master Masons) and organisations supplying a service (Local Authorities and Private Cremation Undertakings included).

(c) Although approximate or estimated membership of each body is given in the chapter, totals are difficult to establish. For example: if the Funeral Service consists of 7,000 full-time and 5,000 part-time employees (see page 6), this will not include those working within Cemeteries and Crematoria, may or may not include trade union members, some self-employed, or managers.

(d) As far as examination bodies are concerned, the CFSMA is an In-house organisation but will accept those with other of the above listed qualifications into membership once a member has obtained employment in the funeral service of the Society. Equally, the BIFD will accept the qualification of the NAFD and BIE for membership.

(e) Neither the Department of Employment nor the Office of Population Censuses and Surveys could supply a figure of the total number of people employed in this Industry.

REFERENCES - Chapter III

1. Correspondence with the Office of Population Censuses and Surveys concerning total numbers of economically active Forensic Pathologists, Funeral Directors, Embalmers and Grave Diggers, 18th February, 1988.

2 Hodgson Holdings plc, Corporate Review 1988.

3. T. Cribb & Sons, Funeral Directors and Carriage Masters (Interview with two Directors, August, 1988).

4. I acknowledge here the valuable help through exchange of correspondence and an interview with Mr. D. R. Coates, Trade Organiser of the Furniture, Timber and Allied Trades Union, during the period March - September, 1988.

5. Information from Mr. Broadest (Supterintendent and Registrar, Environmental Health Department, Cemeteries and Crematorium Section, City of Norwich) and Mr. Moulden, Outside Supervisor, Golders Green Crematorium.

6. 1987 Report from the Federation of British Cremation Authorities, Page 2.

7. I visited, contacted by telephone or have been in correspondence with:

   (a) National Association of Funeral Directors
   (b) British Institute of Embalmers
   (c) Co-operative Funeral Service
   (d) British Institute of Funeral Directors
   (e) Furniture, Timber and Allied Trades Union
   (f) National Union of Public Employees
   (g) General, Municipal, Boilermakers and Allied Trades Union
   (h) Department of Employment Census Statistics
   (i) British Association of Forensic Medicine

   to obtain information about the Industry in general and the various segments in particular.

CHAPTER IV

CONTENTS

THE DEATH SYSTEM IN OPERATION – Significant Occupations in Focus

CHAPTER IV

CONTENTS (Continued)

CHAPTER IV: THE DEATH SYSTEM IN OPERATION - Significant Occupations in Focus

Undertakers, Embalmers, Gravediggers - (Some Introductory Comments in Context)

These brief notes relate to the different ways one can look at these occupations. From a sociological viewpoint, one would be interested in the reasons for entry into these occupations, occupational socialisation and the shaping of identities. One may find an occupational ideology transmitted mainly through a professional/ occupational body or association. Status and prestige and how these might be measured are matters of interest, as is the structure of the industry to which the occupation or profession belongs. Shared subjective feelings and attitudes of incumbents in work for an employer as well as working conditions need to be looked at, which is connected with the degree of membership of an interest group or trade union. Other areas of interest might be the state of the labour market and the economic, legal and social factors that make for exclusion or discrimination. Occupations studied in this thesis are to a large degree service occupations with a very limited possibility of occupational mobility upwards but the use and change in technology may affect at least two of these occupations. Role sets and role relationships in the course of work, ethics, argot, marketing the services provided, whether the profession/occupation is declining or expanding and the degree to which it faces competition are of some

significance (for example burial versus cremation). Occupational histories and personal biographies would also interest an occupational sociologist. Training for the work is to an extent related to occupational socialisation and the shaping of occupational values. Whether self-employed or work for an employer, there may be influences on the relationship with family and community. Customs and existing cultural contamination as possible conflict situations and dangers are of interest, as will also be occupational/professional self-images and general societal images. A profession or occupation always wishes to become more powerful and influential. It does this as a pressure group or by being represented in Parliament by spokesmen/women of its interests. Thus, the question of politics cannot be excluded. Of further interest is the development of the sophistication of the work process and practices; that is the changes of tools and materials used and ways they are used to do the work.

Most of the researches of particular professions or occupations manage to focus on <u>some</u> key variables as it would require monumental resources to focus on all. This will also be the case in my discussion of the three occupations, currently being subject to investigation. One of the key variables must clearly relate to any problems and questions the occupation or profession faces: have demands for such services changed over time; are ethnic and gender ratios subject to criticism; are workers performing in isolation; are there intra-status variations; where is the locus of control or of power, and control of the work rate; how important is manual dexterity; is special aptitude needed to perform the work; what psychological state is desirable to work in

death occupations/professions; is the age of the worker of significance; from what sections of the available population segment is recruitment most congenial; how stable is the workforce in that occupation and what is its trade union membership; is there evidence of absenteeism or suicide relatable to the nature of the work; what influence has death work on the family of the incumbent; does the title or designation of the occupation strongly influence its public image; are the working conditions morbific? Most of the variables in this paragraph have not already been indicated in the opening one and are by no means all the ones one could look into, or exhaust the ways of looking at an occupation.

There are, of course, larger, more substantive theoretical questions to be reflected upon which are not likely to appear in the examination papers of those who study for membership of the undertaker or embalmer profession/occupation. Some of these revolve around (what Philippe Aries[1] has called) "Tamed Death", referring to the synchronic aspects and changes of attitudes towards death; the diachrony which modify a-chronic attitudes and what such changes mean in a historical context; what contemporary society's death attitudes are seen to be within the reflections of the cult of cemeteries and tombs, and what Aries means by his reference to the interdict laid upon death by industrialized societies. The very nature of death attitudes would have one delve into questions of death denial, and the fear of death from which no one is immune, or put into the words of William James[2], "the worm at the core" of man's pretensions to happiness.

We shall in this chapter concentrate on the focal occupations in the death system, namely the Undertaker or Funeral Director.

Undertakers (Funeral Directors) - Evolution and Perspectives.

How did undertakers emerge? The Officers of the College of Arms played a central role in the organisation of funerals for socially ranked people, mainly at the instigation of the Tudor monarchy. Heraldic regulations in ceremonies were strictly observed (size of hearse and exact number of mourners are examples) which in the opinion of Roy Strong (1977)[3] played a part in maintaining stability and social order. However, the influence of the College of Arms declined and the steady erosion of the herald's monopoly by the 'private undertakers' could not be halted. Over the centuries, the growing expense of the ceremonies, the inefficiency of their organisation by the officers and the political instability of the time had a lot to do with the decline. Thus, in Victorian times, death and grief, far from having the psychological support claimed for it, had become a bonanza of commercial exploitation. The elaborate funerary and mourning rituals were more an assertion of status than a means of assuaging sorrow, a display of conspicuous consumption rather than an exercise of grief therapy, from which the chief beneficiary was more likely to be the undertaker than the bereaved. It has been suggested that both, in its extravagance and its ineffectiveness, the English way of death in the 19th Century may most plausibly be seen as the direct precursor of the American way of death in the 20th. The bereaved were pestered by

undertakers whose main purpose was to make money. Yards of crepe for mourning etiquette made fortunes for firms like Courtaulds. Who could afford such obsessive paraphernalia as mourning pin cushions, mourning brooches, mourning aprons, mourning lockets, mourning necklaces, mourning earrings, mourning parasols, mourning handkerchiefs and even a mourning bathing costume? This caused more of financial anxiety to the bereaved than it offered emotional solace. (Cunnington and Lucas, 1964)[4]. A number of occupations, like carpenters and such gravediggers as owned carts and horses, converted to undertakers and the skills associated with the manipulation and removal of the dead became a profession.

Aries (1974)[5] has some interesting observations to make in context. Death denial became even more obvious when it emerged as an object of commerce and of profit. It is not so easy to sell something which has no value because it is too familiar and common, or something which is frightening, horrible or painful. In order to sell death, it has to be made friendly. Aries assumes that funeral directors (a new name for undertakers since 1885) would not have met with success if public opinion had not co-operated. They presented themselves not simply as sellers of services, but as 'doctors of grief' who have a mission - as do doctors and priests; and this mission from the beginning of this century was and is aiding the mourning survivors to return to normalcy. The new funeral director (having now replaced the simple undertaker) is a grief doctor, 'an expert at returning the abnormal minds to normal in the shortest possible time'. They are 'members of an exalted, almost sacred calling'. (Mitford, 1980)[6].

Now we know the ambivalent ethics - grief doctors or profiteers, or both. We also know a little about its history and how undertaking became a profession. Some brief factual information is also now to hand. According to the 1981 Census, funeral directors are classified in occupatonal group 075.4, operational group 163, as Undertakers. The 10% sample of economically active persons is 415. Related occupational titles are designated in a subsample of service workers (165), including disinfector mortician, funeral assistant (performing all aspects of funeral work and driving) and undertakers' assistant (assisting in a general way). In this country, the professional body is the National Association of Funeral Directors, requiring for membership an entrance examination (consisting of an interview and inspection of premises), and study for a diploma. Other bodies catering for burial and cremation, cemetery administration and embalming also exist. America has eleven different associations for funeral directors alone. It will be clear that high-status bodies of this kind can influence greatly the way in which the living look upon the dead.

Funeral directing has not only been studied historically, economically, ethically, operationally and organisationally, and satirically but can also be studied semiotically. The drama of the act, with codes, signs and symbols in a mortician's work - the cosmetic code, the clothing code, the restoration code or posing code of the corpse, all communicated dramaturgically to the mourners, who are being charged extra for thick carpets, draperies, floral arrangements and organ music. There are views in favour of the sales method, of course.

Matters can get very complex when there is competition. In France, for example, grieving families have been turned back at the cemetery gates by police and council employees because they bought coffins from a rival entrepreneur who was not an authorized undertaker. Under French law only one licence is granted by the local authority for each town and competition between undertakers is strictly forbidden. The coffin seller in this case challenged this monopoly. See also reference (44).

The Funeral Director - A Case of Social Displacement

The job of this profession is to transform dead bodies into living memory. In the process of doing so, there is a tendency to beautify death in the interests of commercial success and efficiency of organisation by the use of ceremonials and the provision of a host of funeral products. A Canadian Funeral Service Association has attempted a definition of the Funeral which has not pleased the Directors in Britain: "The funeral is an organised, purposeful time-limited, flexible, group-centred, response to death involving rites and ceremonies during which (or a part of which) the body of deceased is present". (FSJ, September, 1984, p.415). Of course, the process of the funeral and the function of a funeral director can be described differently. In the words of Banton (1965)[7], American funeral homes provide a chapel where mourners may watch a body, instead of having it in the domestic parlour or parish church. In this way (using undertakers' language), the ugliness of death is avoided, the corpse becomes a 'loved one'; death becomes 'eternal rest'; buying a coffin

becomes 'selecting a casket'. Testing out casually what members of the public think about this occupation, revealed the following results:

(a) Library Assistants in College: they just giggled - which is taken as a psychological reaction towards their image of what the job entails and its association with the event of death.

(b) A Scottish friend in the Bursars Department of London University: They charge too much!

(c) An Industrial Chaplain: In my kind of work, it is essential that I cultivate a relationship with the local Funeral Directors.

(d) A Secretary/Typist: I keep as far away from them as I can until I really need one.

(e) Computer Programmer: It is not as glamorous as space science or astronomy. They may be highly respected in some Rumanian Village, like Dracula.

(f) Student: From what I have seen, they are all big, ageing, swarthy men, looking as dead as the corpses they are burying. Not a career for me.

(g) An Accountant: I really don't want to think about it. I don't want to be reminded of death.

(h) History Teacher: I have had no contact with a funeral director since my parents died. I am now 60 years old and prefer putting death out of my thoughts.

(i) A Housewife: They are respectable, but I don't know any personally.

So far, the public image would appear to make this a flawed, if not stigmatized, profession. However, images may often manipulate the truth and there is a need to probe further. Pelletier (1987)[8] describes a situation in her novel when Headmaster and Undertaker meet:

> ".....Ed and Marvin Senior shook hands stiffly. As if their arms had no joints. As if they were tin soldiers. Marvin felt quite superior to Ed. After all, Ed was a man with a great deal of education, yet he was destined to exist within a principal's salary and answer to the whims of a semi-literate school board while Marvin, a college dropout, sat at the head of his own business. Ed, on the other hand felt smug around Marvin, who was after all an undertaker.....".

Textbook writers may also have distorted images in generalised offerings. In his discussion of work structures, Tony Watson (1981)[9] quite rightly explains that an incumbent may identify either with the work tasks themselves or proudly announce to friends and the world the name of the organisation he/she works for. The previous chapter shows that the 'big four' in the funeral services market make an impact

through publicising corporate reviews, annual reports, speakers at conferences, or may even receive honours at the Palace. The profession will therefore not be highly pleased to find Watson grouping undertakers together with drug peddlers and prostitutes (page 146). He gives credence to the view that there is a kind of public stigma attached to it and that those in this work are seen by others as somewhat peculiar, or in some way deviant. This label fits better than the categorisation with dope peddlers and prostitutes although it is not clear whether Watson refers to the character of the person (who perhaps does not carry out the task in the manner in which it should be), or whether he means that the task should not be performed at all. Either way, this placement does not accord the Funeral Director the location in society in which he may objectively be seen today.

Some more formal attempts to categorise this occupation have not fared much better. On recent evidence from the Statistics Division of the Department of Employment, the reference to Funeral Directors under 'Other Personal Services', is to group him together with Musical Instrument Tuning and Marriage Bureaux. The Census people have now given the occupation an identity, although the subsample in the 1981 Census includes the gradings of Funeral Director, Undertaker, Assistant Funeral Director, Funeral Service Manager, Company Director, Director and Masonry Manager. A funeral director may or may not be a company director, which confuses the issue further. Also, undertaker and funeral director are one and the same occupation except that the former designation is no longer favoured by the profession. The funeral service manager would, of course, be entitled to call himself 'funeral

director' if he has obtained the NAFD Diploma. As this is not as yet a closed profession, even those practising without qualification will wish to be known as funeral directors.

The best-known literary works on the undertaker are still Evelyn Waugh's 'The Loved One'[10] and Jessica Mitford's 'The American Way of Death'[6], when it comes to either trivialising, satirizing, vulgarizing in the case of the former, or exposing the marketing methods in the case of the latter. In the briefest of terms as to story line, the first revolves around a young Englishman who has decided to abandon the career of script-writer for that of a pets' mortician to begin with. He is happy enough to cremate birds and animals with elaborate rituals in Californian graves by day and writing poetry at night. Failed writers drown their fading prestige in whiskies and a suicide of the Englishman's friend leads him to the far more gorgeous establishment known as Whispering Glades, where human bodies are subjected to the most exquisite and recondite processes morticians' art can devise. Fifteen (or so) years later, Mitford has taken to exhaustively examining American funeral practices, which she finds to be neither an expression of religious belief nor the result of an unconscious public desire for elaborate grief therapy. She discovers the Industry to be the product of a highly competitive complex of vested interests, with each most anxious to get the largest possible share of custom and money to be had in the burial market. The principal beneficiary is the funeral director, who takes possession of the cadaver and then soaks the relatives for the most expensive paraphernalia. Her view is on the difference between funeral and other

business in America that the customer has to buy quickly and with little experience, and also that the supply of corpses is limited. So, the expense of dying has to proliferate somehow (short of organised epidemics) to support the American undertaker in affluence.

Howard Hodgson[11] (Managing Director of one of the big trio of companies of British Funeral Directors) declared that the erstwhile image of the undertaker eating bat's ear sandwiches and sleeping in a coffin has now long gone (Conference, May, 1988)[12]. However, problems in recruitment to the profession still exist. One son of a small firm of funeral directors was the laughing-stock in school when it was found out what his father did for a living (Haine, 1988)[13]. As a direct consequence, the son no longer wanted to carry on the business. A good many young practitioners object to the stigma of being undertakers. They bemoan the lack of career prospects. They don't like having to work 24 hours a day, 365 days a year, or not being kissed under the mistletoe (Waller, 1987)[14]. A number of funeral directors have complained about the treatment they receive from the bereaved. Being at the most emotional intersection of life and death, he/she is of course vulnerable to human emotional response that can, at times, be very irrational. Examples abound, although the profession wants to be discreet about this. Much is still to be discovered about the ways in which death unleashes feelings of guilt, anger and jealousy among survivors. Not infrequently, these can be projected (with no gratification whatsoever) upon the funeral director to bear (FSJ, September, 1984)[15].

A table at the end of this chapter will summarize the stigma indicators so far discussed. It is now proposed to deal with this occupation at two levels: firstly, to construct a wider, socio-economic review of the Funeral Director's changing position in society; and secondly, to show by means of case studies, how these 'doctors of grief' perceive their role themselves at the present time.

The Funeral Profession in Transition - Opportunism versus Nostalgia.

We encountered Mr. Hodgson of Hodgson Holdings in the previous chapter. He likes the idea of absorbing his rivals. As has been shown, his company continues with this policy, which makes it the second largest in the UK of the big three quoted on the Unlisted Securities Market and second only to the Co-operative Funeral Service. The stock market is said to be fascinated by the enigma of death and the shares react to this even though mortality rates will not be increasing until perhaps the end of the next century. Against this trend, profitability has been highly satisfactory, so that death for the largest companies of funeral directors is not in terminal decline. There are still hundreds of small undertakers spread throughout the country doing no more than six funerals per week. Their overheads are mounting, with fridges, hearses, chapels and embalming rooms to maintain, to say nothing of pall-bearers and other staff. Hodgson argues that these overheads (£200,000 or so) cannot be covered by the income from 300 funerals per year, which makes this industry ripe for rationalisation. Very quickly, one of the big 'spiders'(a term used by one of the small,

nostalgic directors) will come along to draw the strugglers into his net. Everything infra-structural is already there, and whatever is surplus is shut down or sold. In this way, fixed costs are slashed and cheaper funerals offered, in the short run at least.

According to the Investors Chronicle (15.5.87), if measured by average weekly earnings since the end of World War II, the cost of a funeral has dropped from nine to three times the average weekly wage. Yet, the small, traditional funeral director does not believe in change. Hodgson abhors the unctuous manner of these traditionalists and would be mortified by this attitude if he were a shareholder (Waller, 1987). If the average cost of a funeral net of disbursements is £350, a small director must conduct at least 570 funerals annually just to break even. Most of the small-fry can do only 250 to 300 in a year. The way out for the small undertaker is obvious. The managing director of the Great Southern Group puts it delicately: ".....we offer them a full career structure and the sort of horizons not normally available in our line of business". Hodgson, always the blunt one, wonders why funeral directors should want to appear like blushing virgins. He readily approaches people. Quite unlike the traditional undertaker, with his long hair, dark glasses, double-breasted suit and cheerful patter, he resembles more an insurance salesman, which in fact he was, before taking over his father's business in the West Midlands. The Sunday Times labelled him Mr. Death and some members of the funeral profession describe him as an 'outrageous upstart'. (Investors Chronicle, 15.5.87).

Whilst the Co-operative Funeral People keep a lower profile, Hodgson is seen as the boldest on the acquisition trail, but the leaders of Kenyon Securities[16] and the Great Southern Group[17] are not far behind. Indeed (joked Field, managing director of the latter), short of a conspiracy with the tobacco companies (one of which once tried a takeover bid for the GSG), the progress of modern medicine will go on. Given the limitation of organic growth of the market, it is the growth by acquisition which has the City in elation. All the spokes-persons of the big companies preach on the preservation of customs and culture: local peculiarities must be left intact; the continuation of trading under the old family name will then not disturb the sensitivities of the grief-stricken client; how much of a mistake it would be to go down the American way of death, and how significant the funeral ceremony is in the grieving process. All well and good so long as there are more takeovers to be had. In view of the possibility of a fairly accurate statistical prediction and the certainty of the event of death, long-term performance of these large companies is likely to remain stable in the foreseeable future.

Ghastly Sidelines - Variable Profits but Enhanced Prestige.

The case studies to follow will reveal in more subjective terms how the professon has adjusted to the unchanging routines. For the big three, the excitement resides in the takeovers. Of the estimated 25% family businesses still left to be persuaded, probably 10% may never concede. They value their independence too much and managed to get their

children to carry on the family name. In about four to five years, the rationalisation process will be complete and the oligopolists will have to find pastures new. As the previous chapter has shown, diversification is the key - extended client services: pre-paid funerals, insurance and financial services, and ancillary trading, such as owning and managing crematoria, cemeteries and an embalming school. The Great Southern has also an interest in chemicals, which the thriving cosmetic and embalming industry uses. Whilst Hodgson, the most highly successful expander of late may be too preoccupied with takeovers, the other two have most interesting sidelines. The GSG specialises in exhumation. A separate company, under the name of London Necropolis Ltd., specialises in removing the remains of human bodies dug up on construction sites and elsewhere, or when old cemeteries are converted into building land. An emergency squad exists to be rushed wherever needed and the removal is done in a manner which will not offend Civil or Ecclesiastical Law. In year 1985, 35,000 bodies were exhumed, which is more than this company buried in that year. (The GSG performed 22,640 cremations and 516 burials in 1985, which accounted for 20% of the turnover). (Investors Chronicle, May, 1987)[14].

Kenyon Securities plc, is the smallest, oldest and least acquisitive of the trio. This company has a number of subsidiaries specialising in Air Transportation, Monumental Masonry and Coffin Manufacturing as well as an interest in Crematoria. But its mastery, much more so than a sideline, is the expertise in Disaster Management. A special subsidiary, Kenyon Emergency Services Ltd., exists for this purpose.

The variability of this kind of business will be appreciated. There are no turnover figures disclosed for this activity, but Kenyons are the acknowledged leader in this field. The Annual Report for 1988 gives information about geographical market interests in the Middle East and North Africa, the Americas, Asia and Australasia, the West Indies, as well as the rest of Europe. There are links with the dominant French undertaking company, Pompes Funebres Generales, who now hold a 29% stake in Kenyon Securities. PFG is itself controlled to the extent of 52% by Lyonnaise des Eaux, which is a private water distribution group already owning undertaker interests in Belgium, Switzerland and North Africa, and more recently Singapore, where it acquired a 35% stake in an undertakers' group by the name of Singapore Casket. At this time, the UK funeral market is attractive, partly because there are more funerals than in France, and partly because profit margins are higher. But this advantage may not last since already there has been a 5% drop of deaths in this country since 1986. (Financial Times, June, 1988)[18]. It may be mentioned that Hodgson Holdings also is beginning to develop extra-national interests by the establishment of an association with the Service Corporation International, a large American undertaking concern. Kenyons are best known and appreciated for their expertise in disaster management. How this is organised will be explained later. It may be stated now that this company has been involved with the recent Zeebrugge ferry disaster, the King's Cross Station Fire and the Piper Alpha explosion off Aberdeen. This kind of activity is a service of the highest order, gruesome as it may be, and a fragmentation of small undertakers would not be able to cope with it. Ancillary to this work, Kenyon has also a

booming repatriation business. This involves bringing people back who are either ill, have met with an accident whilst temporarily away from home, or are retirees abroad who desired to be buried or cremated in the U.K.

Derivatives of Stigma and Countervailing Influences

At this stage, I should like to present some pre-case data conclusions. Various nuances of stigmatization have become discernible from the analysis of this occupation thus far:

(a) **Historical Discrimination**[19]. The new trade of coffin maker towards the late 17th Century offered to supply, in competition with the (then) herald's role of monopolising the marshalling of funeral ceremonials, as a part of his services, all the necessary accoutrements for the funeral event. This encroachment of and interference with their 200-year old self-declared undisputed right by this new breed of 'undertaker', attracted for his like not only the label of 'cold cooks' who 'intermeddled' with the proper conduct of funerals, but also a threat of legal action on the grounds that it was contrary to the laws of Arms and the Common Laws of Great Britain.

(b) **Literary Interpretations** Cathy Pelletier's earlier example of interaction when school

headmaster and undertaker meet can be supplemented by another from the writings of Charles Dickens[20], where he illustrates how in the 19th Century funerals were sold.

".....Hearse and four, Sir;" says he. "No, a pair will be sufficient". "I beg your pardon, Sir, but when we buried Mr. Grundy at number twenty, there were four on'em, Sir; I think it right to mention it". "Well perhaps there had better be four". "Thank you, Sir. Two coaches and four, Sir, shall we say?" "No, coaches and pair". "You'll excuse my mentioning it, Sir, but pairs to the coaches and four to the hearse would have a singular appearance to the neighbours.....". "Well, say four!" "Thank you, Sir. Feathers of course?" "No, no feathers. They're absurd". "Very good, Sir. No feathers?" "No". "Very good, Sir. We can do four without feathers, Sir, but it's what we never do. When we buried Mr. Grundy, there was feathers, and - I only throw it out, Sir - Mrs. Grundy might think it strange." "Very well! Feathers!" "Thank you, Sir".

(c) Biased Attributional Formulations of Professionalism

Discussing the sequence of chronological stages through which an occupation passes in the process of professionalisation, Wilensky looked at the history and development of eighteen occupations and from his findings suggested a fourfold

classification: established professions, professions in process (the marginal), new professions, and doubtful ones. The first included qualified accountants, architects, civil engineers, dentists, lawyers and doctors. Into the second category he put librarianship, nursing, optometry, pharmacy, school teaching, social work and veterinary medicine. The third included city management, city planning, and hospital administration. But occupations placed into the fourth category included advertising and funeral direction. (Wilensky, 1964)[21]. Caplow evolved a similar sequence in the 'life history' of work groups in which he includes name-changing as a part of the process to change the occupational image. Among other examples, he points to the change from undertaker to mortician as an attempt at a more scientific status (Caplow, 1963)[22]. Additionally, Watson's interpretation (on page 9 of this chapter) of the undertaker as a somewhat peculiar and in some way deviant specimen, who could conveniently be grouped together with dope peddlers and prostitutes, is a further case in point.

(d) Inappropriate Official Classifications.

The Office of Population Censuses and Surveys[23] still uses the designation of 'undertaker', as well as assigning other and (sub) groupings, such as funeral director, assistant funeral director, funeral service manager, director and company

director. All these titles are grouped together with 'masonry manager'. There is also a sub-sample under a different grouping, listing together the undertakers' assistants (general), funeral directors' assistants (drivers, coffin preparers), funeral assistants (doing all aspects of funeral work), post mortem technicians, mortuary technicians and disinfector mortician. Thus, the Standard Industrial Classification used in the Census does not identify the occupation clearly and individually. The Statistical Division of the Department of Employment[24] under its Census of Employment relates employees in employment to industries as a whole without any occupational breakdown, nor includes self-employed persons. Hence, Funeral Directors are grouped under personal services not elsewhere specified, and listed together with photographic studios, musical instrument tuners, marriage bureaux and cemeteries. (Correspondence with OPEC, February, 1988, and EOE, September, 1988). These official classifications clearly debase the status of this occupation and deprive it of its identity.

(e) Projections of Blame and Guilt upon the Funeral Director.

The bereaved may frequently employ certain defence mechanisms which distort or deny reality. Essentially, the individual employs these defences to protect himself from the recognitiion that he has motives which are 'undesirable' or to resolve

internal conflicts and frustrations. In the case of projection, he attributes to others those motives and forms of behaviour which the individual unconsciously recognises as undesirable in himself. In one of my recent interviews, a funeral director complainted about 'the ingratitude you sometimes get.....the public criticise but don't want to know about our real work.....how it is done.....they don't want to see the rehearsal, only the finished product'. (Senior Director of T. Cribb & Sons, Interview, August, 1988)[25]. As the initial interview with the bereaved proceeds, the funeral director glimpses the tensions, the guilt, the anger, the unity or disunity present in every family, together with the joys and disappointments of the past, and so often the fear of loneliness in the future. (Joint Managing Director, Deric-Scott Funeral Home, speaking at the NAFD Conference, May,1988)[26]. An interview with the Receptionist of a local Branch of funeral directors[27] (whose confidence must be preserved) disclosed what the bereaved say and do. When they come into contact with the funeral director, they feel death is catching; they also blame him for taking away the 'loved one', or burn the body to dust; lack of trust - insisting on seeing the corpse in case it is not their kin; guilt in the choice of a cheaper coffin and then blaming the funeral director for a service in terms of 'goods'. The funeral director seems to have come to terms with 'being an emotional sponge.....perhaps it is not completely irrational for anger to be felt against him simply because nobody wants to have to meet him

professionally.....' (Director, Leverton & Sons, Ltd., Interview, July, 1988)[28].

(f) Rumoured Infringements of Ethical Behaviour

Images relating to this occupation are influenced by 'grapevine' stories, professional journal and press reports, as some of the examples will show: storing the meat of the local butcher in the mortuary cold-room (mentioned to me recently by an estate agent, who could not recall the date of the press report); changing and/or re-using coffins (as told to me recently by a minicab driver); embalming without permission, in Funeral Industry Practices, 1975, Federal Trade Commission, USA[29]; paying a commission to hospital staff for a tip off that bodies are available, as advised by a hospital porter; report in the New York Times (January 12, 1975)[30] of a satirical look at how kinless bodies are claimed by the undertaker agents, who collect part of the burial allowance allocated for the poor. Other examples from the trade press (mostly American) include: refusing to release a body to a family member; 'requiring' a casket for immediate cremation; over-charging for services performed by a third party; ignoring the cultural and/or religious requirements of ethnic clients; including in the charges items the customer does not select; over-charging in funeral homes for obituary notices, flowers, cremation services supplied by others. It should be

said that hard evidence is difficult to come by, at least as far as this country is concerned. 'There are always a few rotten apples in the barrel', is mainly the response from professional members in America.

(g) Encroaching upon the Territory of other Professions and Occupations

This can affect Doctors, the Clergy, Embalmers and Social Workers who also have vested interests in death. As far as the medical profession is concerned, funeral directors get upset about the state of a body when it is delivered from the pathologist and their embalmers have to transform the cadaver (or its parts) into an acceptable state to the bereaved viewer. Tension is frequently caused also when funeral arrangements are suspended until the medical examination of the coroner or medical examiner is completed. Apart from a police investigation of sudden death, there is also the question of a continuing danger through the newer infectious diseases such as AIDS or Legionnaire's disease, where the physician cannot be expected to certify deaths in a routine manner. Funeral directors and embalmers become extremely exasperated when they are refused information on the cause of death. Grief therapy has not yet been assigned as the specific province of any one profession. The funeral director sees himself as best qualified to administer it, but so do the clergy, social workers and members of such voluntary bodies as CRUSE

(concerned with widows) and the Foundation for the Study of Infant Deaths. There is also an international organisation known as 'The Compassionate Friends'. Cremation workers often officiate or assist at services, although not actually religious ministers. The American Sociologist Robert Fulton (1965)[31] researched clergymen and funeral directors in the context of role conflict and found (alas from only a 35% response) the clergy most critical of the funeral director for usurping the 'Church's commands of the funeral ceremony'. In this country, tentative suggstions have been made in articles (Funeral Service Journals, 1984)[32] that funeral directors could be of help in the administering services. Finally, as far as embalmers are concerned, there has been an attempt by at least one of the large operators to implement a division of labour, where bodies on a conveyor belt system are cosmetised in stages by more than one single embalmer. This kind of work fragmentation will be discussed in greater detail in the chapter dealing with embalmers.

(h) Public Apprehension of Death and the Core Participants in the Death System

Fulton (1976)[33] explains that death is now seen as less divine. It has shifted in meaning to a more secular conception. It is part of this world, the final part and nothing more. Without a sacred meaning to neutralize its evil, death has become almost 'dirty', not fit for polite society.

According to Feifel (1959)[34], we react by trying to avoid death and the dying by trying to deny its existence. One of the mechanisms of avoidance of handling the dead has been to pass this task to the funeral director who, as erstwhile undertaker, helped the family in the preparation of the body. The growth of the funeral industry in this century has made it possible for people to more and more divest themselves of the unpleasant contact with the dead. My chapter II (p.78) has drawn attention to Posner's experience with a morgue attendant who managed corpses in a hospital, and whom people avoided on account of his work. Kastenbaum (1981)[35] expresses the stigma even more succinctly:

> .....one funeral director described (to him) the typical situation members of the trade must contend with: 'When I walk into a room, Death walks in with me. This is <u>really</u> how people react to me.' The fact that most of us find it difficult to think of the funeral director as a normal and distinct individual testifies to his or her embeddedness in the death system.....

My casual test of public reaction towards the funeral director yielded similar sentiments, although it should be pointed out that person to person relations, that is client in need and director, do not in that situation place the latter into a sub-caste of gloomy-demeanored 'dealers in death'. The following case studies tend to support this view.

(i) The Status of 'Professional' Questioned.

In a more recent study of funeral directors, Smale (1985)[36], an English sociological researcher, probed this occupation in some depth. It appeared to him from conversations he had with many funeral workers, bereaved and mourners, that the undertakers are objects of curiosity and discomfort because they handle that which others consciously avoid. In reality, most directors do not regularly handle the dead. That task is given to their employees and involves not only less skill, but forms only a small part of their work, alas enough to 'colour' the occupation as a whole. Given that the research was completed some three years ago and the structural changes that occurred since then, he felt that funeral directors have convinced the public that they are essential for the production of a funeral (in his view a totally false claim) and that, as a consequence, they have the right to claim a substantially higher status than they receive at present. He goes on to describe their shop-like premises, inflated cost of funerals, uniforms suggesting a claim to formal authority and attitudes expressing paternalistic control. Smale accuses them also of poaching from other occupations to gain entrepreneurial control over the entire funeral ceremony. But most penetrating of all is his criticism with regard to the application of skill: '.....funeral work does not require a store of unusual knowledge, nor analytic skills of any magnitude, whilst it does

necessitate body-handling of a basically manual character; funeral directors seek to control the large proportion of 'hand' work involved in emphasising the counselling and directing component, and to exclude other occupations by 'taking-on' all the official requirements attending to death'.

Some of this criticism is entirely valid. On the other hand, the shape of the funeral market, through its centralisation of policy and so, largely, the replacement of entrepreneurial by corporate control (as shown earlier in this chapter), has for the time being altered the economic situation of the industry, its scale of operations, its application of direct skills and to a certain extent the status and social responsibility it exercises in a macro sense. I say "for the time being" to allow for the not entirely unrealistic prediction that a structural reversal into small autonomous units in a few years is on the cards. (See previous chapter, page 5). But it is the present rather than the speculative future that is of concern and I hope to show in the discussion to follow how the various strands of stigma considered above can be countered by socially significant work practices on the part of the large operators and in case studies through their family history, their local goodwill, reputation or personalised service in client relationships, of the 'pygmies' (so-called smaller operators that still exist). I shall deal with the small undertakings first.

Five Case Profiles of Varied Small Funeral Operators:

Case 1. Leverton and Sons, Ltd., Funeral Directors since 1789. Conversation with the Senior Director, Mr. Ivor Leverton[37].

This firm went to much trouble to trace its genealogy. John Leverton, the founder, died in April, 1843, aged 80 years. But the search, going back to 1523, before parish registers, found a Leverton (then Leveton) in tax assessments in Dolton, Devon, in the same year Anne Boleyn entered the national scene. To trace the family through fourteen generations proved difficult, not least because the Vicar of Meeth decided to burn the records from his church belfry for fear of incendiary bombs, and also because of the error whereby all the Devon wills were left in Exeter Cathedral Close, to be disintegrated by a German bomb during the second World War. Ironically, a remaining index showed how many Leverton wills were destroyed since 1547 and the surviving records afford an insight into individual characters and occupations linked with towns in which funerals took place. The traditional amalgam of joinery and coffin-making survived until the Levertons ceased to continue it in 1922. One certain John Hawkins, whose illustrated trade-card can still be found in the British Museum, describes him as 'Upholder, Cabinet Maker and Sworn Appraiser'. He 'made and sold all sorts of Upholstery Goods and Furnished Funerals, Public or Private at Reasonable Rates'. This Hawkins was established in Mayfair, London, long before John Leverton was born in Devon.

However, the two families were destined to operate for generations within a mile of each other before they became united by marriage in 1909.

This background information is made known to clients. It is more than just a sales point. It conveys history, tradition, values of reliability, service and status in the local community and among peers. All the brothers - Ivor, Basil, Keith, Clive and Frank - are either directors, or associated with the firm in some other way. They wish to carry on the tradition and remain independent. They evidence a high degree of vocation and do not appear to suffer from the kind of ambivalence between funeral director and client described by Habenstein (1954) And Smale (1985), which proposes that the current popular aesthetic of death explanation makes for the alienation of the dead at the same time. At least not so with a stream of Leverton's clients. This ambivalence concept will be further discussed in the conclusions to this chapter. Mitford's 'goods' nexus, so prevalent in America (1980) has also not been found to have a prominent place in their client relationships. There is no need to go into the minute details of changing locations and family history since 1789, to trace how John Leverton's dynasty evolved. What seems of greater significance here is to show how, through the medium of the current senior director (Ivor), family attitudes have transcended, if not to neutralise, at least to counterbalance an existing stigma. I shall present what Mr. Ivor had to say about his firm and the industry in answer to my questions from the recorded tape.

Mr. Ivor Leverton: on the family history - I have done lots of talks for the media. Five minutes ago, I have been on to the Observer Magazine and have also had somebody here from the Hendon Times who are doing an article. I keep on going back to our history, over and over again. I myself didn't come straight into funerals or would have known more about horse funerals which we occasionally have done. It's very expensive. I didn't come into the business straight from school but joined my father at the time of the blitz. That was a big change for me personally. The other big change was in cremation. I think we carried out about 9%, but at the end of the war it was 25% and now (August, 1988) it's almost 80%. Of course these are London figures, compared with 70% in the country as a whole. In the country, it is different; for one thing, there is sentimentality. As you can see from our history, we were in Devon for centuries. If we were still there in the same village, I probably would more likely end up in the family grave in the Churchyard, and it might be quite a distance to the nearest Crematorium. This is so in a lot of places in the country, whereas in London we have plenty of Crematoria to choose from. Another big change is the replacement of horses by limousines. To replace one would cost at least £30,000. In my adult life, I haven't actually seen the change from horse to cars, but I have seen the whole of the change to cremation. As to symbols and customs, some changes occurred here also. About one third of our funerals in London is by Cortege, where the hearse is followed by cars, which we supply unless some people want to go independently to meet us at the Crematorium. That is the change from my younger days when it was all Cortege and every funeral was from the house to the cemetery. As to dress, there has been another great

change. I think mourning dress went out with the war. Speaking from memory, you see, it took 26 coupons for a man's suit and you only got 24 per year, whereas before the war you would have bought a dark or black suit. Men don't wear hats so much now; when they did, they used to raise them as the coffin went past. Obviously that has gone and motorists also are less considerate; I find it horrifying that a car will draw in and out of a funeral cortege, but they do. Policemen used to salute as we went past, but I think that is just a general comment on changing morals in this country. Funerals abroad are entirely different and much more elaborate as well as much more expensive. We have the cheapest funerals in the world. Go to France, Belgium, Italy and you will find they cost very much more, but they are also much more elaborate. They hardly have any cremations there. The coffin doesn't actually form a large percentage of the cost, it is fourth down the list. The first part, as with any other service, is manpower. In fact the four items come in pairs. The first two parts are manpower, to be fairly closely followed by overheads which are obviously proportionally large because we have people everywhere at all times. If you are going to make a will you make an appointment with a solicitor. You don't make an appointment to see a funeral director and we don't shut for lunch at any of our branches. Here in Hampstead it is only offices, but in every other place we have people living over the top, so that they can be contacted out of hours. All that makes it very expensive. The average charge for a funeral has to cover about 40 hours of work. We average about 25 funerals a week and there are 25 people to be paid. So, that is 40 hours for each funeral, of course, you don't price it like you can in a factory.

Overall, there is one funeral per birth, but this can be much more irregular. I noticed just now four days running, we had 12 funerals total. They come in, one, then nothing, then eleven and then nothing again. That's the sort of variation we have to cover. It cannot be done efficiently in the sense in which a factory uses the term. If people came to us by appointment and we carried out funerals when it suits us, we would need less people and there would be less costs. So that are the first two cost items. The next two are again a pair because transport cost is slightly above that of a coffin. The coffin is actually last. Now embalming. This is included in the manpower cost. Yes, I have thoughts on the changing social attitudes of death. Maybe, there is a new pattern emerging. Mourning is, of course, a part of that. There are quite a lot of people now, shall we say, 'keeping down with the Jones'; in other words, the people that would have had a more traditional funeral with a procession, now use their own cars because somebody down the road is doing the same. Yes, traditions have changed over the years! But there are other things by way of compassion, which we try to preserve. I mean, sometimes we will get an eighty year old lady, lost her husband, goes to the hospital, hangs about there, goes to the registrar too late, has to return there, so by the time she comes here, I would say I'm sorry I'm busy for five minutes, will you sit down and have a cup of tea. I would go next door and do nothing simply to give her a chance to recover. It's the first humanity she often receives. You see, there are lots of people on their own, which is sad and affects all sorts of things, not only funerals.

Do some of the large companies dispense with some of the rituals because they become less compassionate or more business-like? No, I don't think any funeral director would look upon himself as anything but a servant of the client. But if they want burial or cremation, if they want six cars or none, it has nothing to do with me at all. I am just here to carry out their wishes. I don't think any funeral director would be different, it would be unprofessional to do more than that. Yes true, the very large companies are controlled from a head office, laying down policy for everybody. I am biased on this because we are a family concern and, well, we think we are better funeral directors than the bigger groups. We could be twice as big easily, but we never wanted to be. We could not keep control. There are four Levertons here and we have got personal control of what's going on. We know our staff and people come to us because of all that. So, if I say that I think ours is the right way to carry out funerals, I am obviously biased. In terms of size, we are one of the largest family businesses doing a hundred a month, whereas these others are carrying out a thousand. We are nowhere in that category. But there has been quite a change, those that were larger than us have got larger still. Yes, Hodgson, there is a bit in the 'Independent' about him. I've got it here on my desk and was just talking to my son about it. They are now going into insurance. I know Howard Hodgson, an amazing bloke, still very young. I know personally of one case which shows what they do. They go into an area, take over a business, try to work it efficiently, use of manpower, use of vehicles, they put all the costs up immensely. I know, because they came to a place near us; they put the price up by £150 a funeral. The manager there has now given in his

notice. They had one of our throwouts as a driver, but he has gone from there and I don't know what is going to happen. I wouldn't like to have any money in Hodgsons, the way it is going.

My rough-and-ready guess in terms of a percentage of the market share of family businesses would be about 25%. Depends really what you mean by family business. You would have to have some yardstick, say, three generations, otherwise any man starting on his own and his son joining him later, could be seen as a family business. But if we say three generations, and I am quite arbitrary about it, that type of family business would cover about a quarter, with all the big people about a half. Then there is another quarter, a sort of neither one or the other. Well, the Co-op, they are out on their own. When I say the Co-op, I mean it not as one organisation, but all the Co-op local funeral branches are together about another quarter. Kenyons, Hodgsons and the Great Southern are the largest next to the Co-op. They are a part of the Unlisted Securities market. That is why they get such publicity. I see Hodgsons is going on the full stock market next month. There are, as I say, still other large groups that are not public companies. Hodgson has acquired 43 new outlets in 1988 which are mostly a pick-up of small businesses who haven't a family wanting to carry it on. Things are changing all the time and any statistics I give you are soon going to be out of date. What is more, Hodgson is well advanced in the acquisition of a further 53 new outlets at the moment, so that's almost 100 this year. In fact, Hodgson made a bid for Kenyons, so any figures I can give you now would be out of date before your thesis is finished.

Yes, I have been to the Eastbourne Conference too, of which the care of the dying and the bereaved was a part. I have an idea CRUSE (the National Organisation for the Widowed and their Children) are researching in bereavement care. Our association started these conferences. Colin Field, director of the Great Southern, is National President of the NAFD (National Association of Funeral Directors) this year. He is one of the big ones. Mike Kenyon was there as well and so was Hodgson. I think Hodgson Holdings had a stand there and invited people to come in and be bought up. You looked around the exhibition? We are one of the founders of the Camden Bereavement Project which has been going well, except for the funding. But we send our people to bereaved families to help them. In fact, our organiser has been seconded to look after the bereaved by the Kings Cross fire. These public disasters do put a stress on our business. In the ordinary way, police and ambulance people will deal with a few accidents and such, but they don't come up against the scale of disaster. I came in with my father during the blitz. I sort of started off at the deep end with bomb victims but I don't know whether I got used to it. I suppose in war-time everybody was facing it. To be honest, I suppose it did affect me. Large loss of life and dealing with a lot of innocent people must be a psychological trauma. You and I are both influenced by things that happened 20 or 30 years ago, although they are now at the back of our minds.

Talking about competition between funeral directors, yes, Mr. France (another funeral director) has introduced you to me. He is a good friend of ours. I am also a good friend of Michael Kenyon (director of

one of the big three); they have a branch round the Royal Free Hospital, but that does not stop me from being a friend. We help each other. Now there are very few of us, you see. There is only one third as many funeral directors in London as there were when I started. There are enough funerals for all of us. It's not like it was when my father was alive. He made a record of his early days when there were 22 people carrying out funerals in an area, who like us worked as builders. But the competition wasn't cut-throat. I think funeral directors are much more professional as the work is more exacting now. I was going to say more humane, perhaps that is not the right word, to say more important, is better. We have to be much more knowledgeable and better educated; when I say that, I don't mean scholastically, but to know more about the outside world. We are all a bit of a funeral director, a bit of a solicitor, a bit of a clergyman, bit of a philosopher, bit of a psychologist, but above all, a bit of a friend. Yes, I think that's right, multiple roles. I noticed in my life funeral directors to be, I can't say 'better class' because one always uses the wrong words, but a 'better type'. I mentioned that particular thing about the Rotary Club. My father was refused admission to one, but it wouldn't happen now. Yes, absolutely right, status in society. I am immensely proud to be a funeral director.

Yes, it can be complicated when you have to deal with somebody abroad. Actually, we just had somebody in before lunch. His 17-year old daughter has died in Ibiza. She had a heart complaint, fell over, hit her head and never came through the operation at the hospital. On Monday we sent somebody to Ireland. Tuesday we sent one to Cyprus;

also we sent some ashes to Spain. Well, all this is very interesting work. Oh, I've never counted how many funerals I've carried out, but I started from scratch every time. Every funeral is different because everybody is different, thank goodness. I should hate it if everybody came in and it was just pressing a button. These multi-nationals? I know, the French are coming to try to get a foothold here. They hold about 28% in Kenyons, which was the bulk of the lot Hodgsons were going for. PFG (Pompes Funebres Generales) dominates in France, but are themselves to the extent 52% controlled by Lyonnaise des Eaux, a private French water authority. They have just been buying up two of the East Anglian water companies. It seems strange that they are the major shareholder in the funeral business. I think Kenyon and Hodgson are only funeral directors, but the Great Southern has property interests. The Co-op do other things, of course, but they have no connection with the former two. Great Southern own cemeteries and crematoria. In fact, having lost my first wife, I married last year one of the crematorium superintendents.....

Do children want to continue the business? Let's look at our family. It's rather strange, every time there have been two Levertons, they split up. It comes down to certain generations. My grandfather and his brother split up; my great uncle and his two sons split up; my father was with his brother and they split up in 1935; my uncle went down to Dartford with his two sons and they split up; so then my father and I came in and my elder brother joined us in 1935. None of us intended to do so. I never intended being a funeral director, but my father was on his own at the beginning of the war when most people

were evacuated from London, so there weren't many funerals. Then the place where I was working was hit by a bomb and destroyed. As the Army had rejected me on medical grounds, I came in to help my father and stayed for nearly 50 years. Now I've got three sons. My brothers have sons who want nothing to do with funerals. Of my three, the eldest came in, in fact it goes back to when he was at school. They had a careers master who was asking whether anybody knew what he was going to do in life, or specialise in. One little boy got up and said 'I'm going to be an engineer like my dad' and sat down. Then there was a pause, so Keith (my son) got up and said 'I'm going to be a funeral director like my father', and of course everybody laughed about the whole thing. The boy came home very upset. He was about 12 years old then. I explained that people do laugh, they either laugh at us or draw back in horror. At any rate he said 'well, I'm coming with you dad, I'll come and help you'. He came into the business straight from school and he has never done anything else. My middle boy wanted to be a Missionary when he left school, but he couldn't do anything there until he was 21, so he came in and stayed, although he did some property developing before he came back to us. My youngest son started twice with us and it didn't suit his temperament. He has now gone into building, where we once had an interest in also. So, my brother and I had six sons between us, but only one decided to be a funeral director straight away and has never done anything else.

There is no gathering pattern about this at all. Talking generally, a lot of family businesses have died out not because they have run out of family, but because they have run out of family wanting to be funeral

directors. A lot of people nowadays want a 40 hour week, with an hour for lunch every day and two whole days off over Christmas. If a business gets taken over, it does happen that family members are retained in management. That is what Hodgsons try to do. They keep the name going. If they were to take over Levertons, God forbid, they would certainly want a service contract, not with me I'm too old, but with my sons and they would keep the name of Leverton. But you can't really tie a man to the job. I know of a case where they took over the man on a three-year contract at the end of which they didn't want to know him any more, although he was still quite a young man. On the other hand, he had a contract and was still in control. He could have come in at eleven o'clock and gone home at three, and there was nothing they could have done about it. The aim of these people (the take-over company) is of course to keep this generation, but they are not looking to the future. When people get older they do want to retire. Ironically, it is quite possible to get a nice lump sum in compensation because there is much capital tied up in a profitable funeral business. I know for a fact that some have come out with twice as much income doing nothing as working full time. Human nature being what it is, there is a tremendous temptation.

You ask about the image of the funeral director. I did say a little about that earlier, in terms of what is created through the school. But in other ways also, certain images are projected at the present time. Basically, nobody wants to know us because funerals are connected with sadness. People don't want to know a funeral director professionally. But I've found, and noticed it particularly, that a

funeral director is never shunned at all. With an unusual designation, if I am at a social gathering and people know what I do, I really have a job to get away from them. People are very interested in talking to me about funerals. You ask whether I have a role in the community, well I'm not wearing my rotary button, it's in my jacket; but I think that the sort of people who want to become funeral directors are also the sort of people who want to help. I would also think that the good work (if I can put it that way) outside their occupation, over the country as a whole, must be quite considerable. (End of Interview).

This interview lasted about 1½ hours. Mr. Leverton is a tall, imposing man. He wore the usual funeral director attire, though white shirt without jacket on a warm day in August, 1988. We were only twice interrupted on matters which Mr. Ivor could not delegate. Midway through the interview, I was served coffee. This director has spent virtually all his working life in the funeral industry, having experienced early occupational socialisation through the family business. His response in some considerable depth indicates a self-perception of the importance of the work, an awareness of history, as well as of the structural changes this industry is currently experiencing, mastery of all aspects of the content of the work, an attitude of service-giving, frankness about some of this industry's shortcomings and a consciousness of his status in the local community. He recognises that this industry has an image problem (if not the kind of stigma which imputes disrepute), which does expose some occupations

within it to blemish and/or forms of contamination, but which affects him little in his personal, professional relationships with clients and others in the community.

Case 2 Interview and Tour of the Premises at A. France & Son (Holborn) Ltd., Funeral Directors, with Mr. B. A. France, Senior Director[36].

This is a somewhat smaller family undertaking than Leverton which has been at these premises since 1900. The business was established in 1806 and there are framed family pictures on the walls, which (Mr. France explained) is a good way to open up the conversation with a bereaved, as well as inspiring confidence in the service. The firm now consists of Mr. France's wife, daughter, his brother and some other relatives, but (says Mr. France with regret) the three sons did not want to work in this field and opted for other careers in biology and the law. A highlight in the history of the firm was the conduct of Lord Nelson's funeral. The smallish building includes one partitioned waiting room, interviewing cubicles, a management/administration office with the book-keeping office and tiny filing room adjoined. Embalming is not done on the premises and coffins are delivered in a raw state, to be finished with varnish and handles in a workshop downstairs, according to the wishes of clients. Two floors up is the chapel of rest, also very small and just one coffin in it. This room was secured with two padlocks.

Mr. France (known as Bunny among his friends) discussing occupations in the funeral industry: you obviously get the manual, physical side and the office side of it. The former is manned by bearers, drivers, chauffeurs, coffin makers and the people who upholster and finish them when they are made. These are also attached to the undertaking business, but separate from those who embalm the bodies. In the office are the receptionists, who interview the clients and arrange the funerals. The same people would also conduct the funeral, organise it as it were as master of ceremony, to see the whole thing through as it should. They arrange the graves, cremations and church services, liaise with everybody and see to it that the right number of cars are in the right place at the right time to collect the right people and take them to the right location. The manual side too requires thought and organisation. I don't want you to misunderstand me. The work is actually passed down from the office to the people in the workshops who have to fit up coffins and make sure these are ready at the right time for the right funeral removal. The other part of the funeral industry is, of course, at the crematorium or at the cemetery, which is a totally different section altogether. These places are run by cemetery superintendents and grave diggers if a burial, or the crematorium staff who work the furnaces, if it is a cremation. That is really a rough-and-ready breakdown of the funeral industry.

Anything new in the way of mechanisation and technology? Well, there are always labour-saving things coming in. It's a labour-intensive industry. New devices are tried to cut down staff to go on things like removals of bodies from hospitals and houses because it is such an

expensive item. As a general rule, either you carry out a funeral in the traditional manner or you scrap completely everybody's idea of what a funeral should be and start again as they do it in another place altogether, like in the Soviet Union I suppose, I don't know. If you are going to do it the way people expect it you have got at some stage to use physical power. I find there is a great objection to even using a wheeled trolley in a church; people don't like it in this country. Some undertakers use them to wheel the coffins in but London people object quite strongly. You ask how a small town would cope with a major disaster. Well, they would probably bring in a bigger firm. I mean, we are quite well equipped for most eventualities, but we are a small firm. Some years back when there was a fire disaster in Soho, the Coroner, without even consulting us, pulled in a bigger firm who are used to coping with air disasters. They mapped the room where the dreadful fire took place into a grid to help them more easily to identify from that position where the bodies were likely to be.

Yes, I employ embalmers. I don't do it myself. I sub-contract to a firm of embalmers. I suppose there are ways of measuring the size of a firm. The NAFD would have some ideas about this. I would class as a small firm that does, maybe, 500 funerals a year. Yes, it is also possible to use as a measure the number of people employed or the total value of assets owned. The City would employ such highly organised business methods. You have got now three powerful groups in the funeral industry, trying to buy up everybody in sight. The bigger they get, the more detached they become. There is a bigger degree of mechanisation and computerisation, and all sorts of things. But in the

country you still get undertakers who are what they used to be. In other words, they were builders which was their main occupation. When someone in the village died, all the men went home that same afternoon, to don their black suits and be back again to carry the coffin, which is nice because they know who they are dealing with and it's much more of a friendly and personal professional job. Some country undertakers make only 100 to 200 funerals a year, but they may have a big building business, switch their men when they need to and hire a hearse from someone else. It's only in the last part of the 19th Century that undertakers at Charles Dickens' time became an industry, whereas before that they were just a spin-off of building. So the percentage of family undertakings is still quite large but it's going down every day. On the exact percentage I am not trying to hedge, I just don't know, so you had better try to contact the NAFD. I would give you the wrong information, for it changes so much now. So many family businesses are being bought up by one of these big three power blocks I mentioned to you earlier.

Not all funeral directors are members of the association. They should be, but they are not, although it would be advantageous for them to be. You have to adhere to a code of conduct which covers the way you present your estimate before you do the funeral, so that the family knows the cost and is not suddenly presented with a fait accompli. You must tell them that and you must do various other things or refrain from doing. The code stops you from, what's the word I am looking for, 'touting' for business in various objectionable ways. I am sure the NAFD will be pleased to let you have a copy of the code. Some

undertakers aren't members, or have been expelled. You can be called in front of a disciplinary committee if you do not observe the code. We do have a family history recorded on which appears our family involvement with Lord Nelson's funeral in 1806, but I can't hand it out to you. I can show you pictures.....On embalming, my guess would be that 75% of all bodies are being embalmed. It is a profession of which there is still a great need. For a quick look around the environment here, it better be today. (End of Interview).

Mr. France is a smallish man in stature and very precise. This interview lasted about one hour. This director was never anything but helpful, and indeed, introduced me to another funeral director to be interviewed. He, like Leverton, is following the more traditional values of doing things, has grown up under the family influence of this industry and shares many characteristics with the Levertons. He has no wish to be taken over, shows a strong commitment to the professon and its code, and he is (I know) active in voluntary welfare work, although we did not talk about that. The professional image of the funeral director in society does not bother him. His own status in the locality, among his peers and friends is high and he is respected by his clients. The work is more a vocation than just a job. The company has three other branches in London and there are four company directors, all family and one qualified as an LL.B. The only evidence of a possible stigma or blemish residing in his profession is Mr. France's deep regret that his sons did not come into the business.

This he no longer dwells upon as he is far too much involved with day-to-day affairs. Our interview took place late in July, 1988.

Case 3 Interview and Inspection of Premises at Kent Co-operative Funeral Services, Gravesend Head Office, with Mr. C. L. Howarth, Deputy Area Manager[39].

The head office premises are approximately the size of four family houses. Fifteen people work in various capacities: reception, office staff, carpenters, drivers and embalmers. At the rear is a large store of coffins of different dimensions, although if any body is over 6.4 ft., it would have to be specially ordered. All the coffins are in a semi-finished state. I was also given the sight of an electrically cooled room, which can accommodate at least 30 bodies. At the time, there were only six, economically arranged in double beds, not unlike those found in a sleeper railway carriage. The bodies are put into the cold-room when they first arrive (and before the process of embalming) to be later transferred into viewing rooms. Some doors of the viewing rooms were opened for me and I saw the dead people in the coffins after treatment by the embalmer. They had a plastic look, not unlike a doll, or wax figure at Madame Tussauds. The embalming room looks like a treatment table, with lots of surgical instruments and bottles of chemicals on the shelves. My tour took me also into the carpenters' work room where two coffins were got ready to specification on the order sheet. These sheets list the quality of the coffin, size, type of handles, colour or varnish. Inside the coffins is sawdust underneath the white lining and padding. The order sheet also

specifies the religious symbols which have to be mounted onto the coffins where required. At this time (Summer, 1988), the cheapest at the Co-operative Service can be had for £420, inclusive of coffin. The dearer ones would come to £870. On my way out, the garage and car-parking space was pointed out to me, at which I saw four large limousines and drivers cleaning and polishing or getting ready to drive off. A small blue van was also pointed out. That van collects bodies from hospitals and can carry, invisible to the public, more than 20 bodies. This head office branch does 25 to 30 funerals per week. It also controls 14 other branches all over the Kent area which together arrange something like 98 funerals per week and more in Winter time.

Mr. Howarth now explains that some 25 to 30 funerals must be done per week to make the business viable at the Gravesend H.Q. The 98 mentioned above is the minimum for Kent. He came into this business from the fire service after a heart attack and has now been in it for ten years. As assistant manager, he supervises between 3 and 6 funerals all over Kent per day. The attached work-time table, shows his busy schedule of funerals supervision on one particular day. The Kent service of arranging funerals started in 1937 and is really an outgrowth of the furnishing trade by members of the Co-operative movement. The funeral business is conducted in a traditional way (says Mr. Howarth); you will never see my crew here put a coffin on a trolley. We always put it on our shoulders and carry it wherever the destination. We even have the traditional type cars, I expect you saw them when you came in. Some people use estate cars but we don't; we don't use horses here but have access to them from a local farmer if

needed. There is also an old hearse should we require it, but people don't want them these days. We consider ourselves of medium size. Lots of small firms still exist. Hodges (not Hodgsons), a competitor down the road from our place is one and Chapples another. Some of these run in name only. Chapples is owned by the Great Southern now. Hodges is part of the Co-op. In the whole country, we are one of the big three, catering for all denominations - Jewish ones, Arabs, Chinese, we do them all. I pick up their requirements by talking, for example, to Asian people and if we get, say, a Chinese, I go to the house, have a chat and try to help them in whatever kind of arrangements they want. In that way, I learn myself about the different cultures and customs.

Yes, of course, we have to compete with other people, but this does not mean to say that we try to undercut them. We don't do that; there is enough work for everybody. There are Hodges and Leverton down the road, still running under their old name. In truth, they don't exist any more. Levertons sold out to Chapples, a big firm in London still running under that name, but in fact it is the Great Southern now, owning all the branches of Levertons as well. Hodges are now part of the Co-op. We don't mind having that branch near us. The customers in the locality go by the old name, it's all tradition. We do business internationally; bodies come by air from other countries and we deal with them, but we are not a multi-national company. How have attitudes towards the dead changed since I have been involved in this business? Seemingly not at all. This is where we come back to my previous statement that we try to keep things traditional. As to the meaning of

death, I don't think people worry about their own mortality. Personally, I am a fatalist, when I've got to go I've got to go, and that's it. I have to remain detached in this work otherwise you could get very low. The ones that do hit me are children. I am a family man myself with three children. They are all grown up and away from home, but it still hits me when it is a young child that a woman has born for nine months.

Yes, we wish to expand further. We have just opened a branch in Stroud that's only two months old. If we are needed in an area where no services exist we definitely want to provide them. We also absorb family businesses and have done so in the past. We usually retain the name of the previous management. We do replace the previous owners, but people can stay if they want to. We don't sack them, although we have to put one of our own staff with them. For example there was a small firm here locally in Gravesend by the name of Solomons, very old established and traditional. This family business had only two members working in it and some part-timers, they couldn't really afford to fund a funeral, so we took it over. It means we have only those two full-time people to worry about. If you would like a look round the premises we could do that now. (End of Interview).

Mr. Howarth Work Schedule for one single day. He supervises six funeral arrangements in different parts of Kent.

VAN CREW: HUCKLE & CROWLEY
VAN CREW, CANNING & BUTLER TAKE BALL HOME 5.00 p.m. appx.

KENT CO-OPERATIVE FUNERAL SERVICE

DATE THURSDAY 9th JUNE 1988

TAKE PJD 137R TO BARNEY SANDS
* HALL & FARNES TO DARTFORD CHAPEL BY 9.30 a.m. Howarth

REMAINS AT	NAME IN FULL	ADDRESS	CHURCH	CEMETERY	CONDUCTOR & BEARERS	DRIVERS	NO. OF CARS
DARTFORD	SMITH Raymond	SALOON ONLY: 192 Shepherds Lane, DARTFORD. 10.45	Salvation Army Citadel 11.00	Eltham Crem 12.00	Birchall Farnes FLOWERS AT DARTFORD SONS TO BEAR COFFIN	Hall * Fudgell	H&1 8.30
DARTFORD	LINSDELL Harry James Rev Lock	9 Holly Road, DARTFORD. 2.55		Eltham Crem 3.30	Birchall	Hall Fudgell Farnes Cowing	H&3
GRAVESEND	GILBERT Ivy Elizabeth Ann Rev Maton	Meet at Higham Church 8.45	Higham 8.45	Medway Crem 9.30	Howarth Moakes Butler Fudgell AT CH.	Canning TAKE TRESTLES	HONLY 7.30 F.T.C
GILLINGHAM AT CHATHAM	PASCOE Gordon Walter Percival Rev Wright	10 Jezreels Road, GILLINGHAM. 10.50 (GO VIA C/HAM HILL & M/STONE RD)		Medway Crem 11.30	Howarth FLOWERS AT GILLINGHAM	Canning Butler Moakes	H&2
GILLINGHAM AT GILLINGHAM	OSBORN Emily Violet	Flat 20, Brennan House, Victoria Street, GILLINGHAM. 1.30		Medway Crem 2.00	Howarth Moakes	Canning Butler	H&1
GRAVESEND	ROBINSON Pamela Nancy Rev Kitchener PICK UP 2.40	41 Grieves Road, NORTHFLEET. 2.45		Medway Crem 3.15	Howarth Butler REMOVE JEWELLERY IF ANY RETURN FLORAL CARDS TO RELS	Canning Moakes	H&1 F.T.C

RETURN TO: 18 CROFT CLOSE, LORDSWOOD, CHATHAM.

Case 4 Interview and Inspection of Premises of one of A. Seaward & Son's Branches with the Managers, Mr. and Mrs. Sanderson[40].

The Seaward family business of local undertakers ended in 1972 after five generations with the joint retirement of the brothers Vincent and Bernard. It was originally started in 1800 by their great-grandfather in London's City Road, but now has four premises and employs 24 people. Vincent retired after 54 years for reasons of health, having started as a 15 year old in 1918. He was taken on in Tottenham to help out during the 'flu epidemic in that year and never went back to school. Starting right at the bottom, making up and polishing the coffins, he was supervising funerals himself three years later. This meant starting at 7 a.m. to see the coachmen in to feed and clean the horses, organise the bearers and look after the wreaths. Since then, he has supervised thousands of funerals, without ever becoming hardened to it. Interviewed by the local press (Southgate Gazette at the time) he is quoted to have said: 'It is an emotional business. You can't just come home and dismiss it from your mind; you come to meet with such tragic circumstances at times that you can't take it as just another order'. Even so, he said also that he gets a lot of satisfaction from helping. In his view the main quality an undertaker needs is 'understanding'. Mr. Seaward was a former president of the Tottenham Rotary Club and of Selborne Bowling Club. The business was sold to Dottridge Brothers, Ltd., and eventually taken over by Kenyon (one of the big three), but now still operating under its original name.

Mr. and Mrs. Sanderson are managing one of the branches. Mr. Sanderson is the more experienced and has a full-time job in the funeral business elsewhere, so helps his wife only in a part-time capacity with this branch. The interview therefore took place in the evening. Yes, as far as the structure of this industry is concerned, people like the Hodgsons are buying up small family businesses. I think it is predicted that within a very short time, the private sector will consist of only the big three (Great Southern, Hodgson and Kenyon). I am not sure of the exact market shares of each of the big companies. As to Hodgson, he is only 38 years old. It did not take him very long to catch on. He bought out his father's business, saved it from bankruptcy, in fact. Then he hit on the idea of just buying up businesses, taking all their assets to a central place and running the shop just as a booking place for funerals, with all the transport coming from a central depot. It is a different ball game now. Kenyon owns this company (Seaward). They are multi-national now, owned by a French firm, to whom funerals is only a sideline. Millions of francs are being spent to buy into the funeral trade in this country. Yes, we think that decisions are increasingly being made in France instead of Britain you see, and personalities will mean less and less as people become answerable to accountants. If then they don't meet their quotas, they will have to go, if you know what I mean. I have heard a vague rumour that the French through Kenyon made an approach to Hodgson to buy up his assets. He refused, not on principle, but basically on the grounds that the money wasn't right. So, there are changes all the time.

Quite true, it could get to that that the industry controls you instead you controlling it. If you are a small unit, you are on call, whereas working for a large company it's a question whether you want to do the business. If you sat in all day and every day you would undoubtedly do quite a bit of business; but obviously, you don't want to do that. Under my contract (in the full-time job), I have to work the daylight hours 9 to 5 and be available to answer the 'phone at night. Some firms have a rota system, soon to be introduced here, whereby you have to stay in for a week and take your turn on the telephone, not just your own but all calls from other branches.

In some ways we are in competition, in other ways we are not. We tend to help each other out at times. As concerns become bigger, competition is obviously less. Since I came into the trade as many as a dozen local undertakers have been reduced to three. The others have all been absorbed. Trading is always under the old name. People tend to be conservative with a small c and don't like change. When there is a new employer people often drift off. I haven't known any real cases of redundancy at this time but this is a possibility which we are going to have to face now in the funeral trade. Employees don't benefit much from a takeover. A business doing badly is not always the reason for a takeover, although it could be that. Imagine me being 50 years of age, having spent many years in the trade and being constantly reminded that one day I am going to die. Then somebody comes along and offers you £300,000 for your business. I am going to snatch on that chance, aren't I, whether the business is doing well or not because I won't have to work again. As far as I know, there is no franchising in this

industry. From the public's point of view, takeover means a less personal service. You go into a shop, a woman working office hours books in the funeral. The man who comes to conduct it has not met the family until the day, so there is not the personal touch. So, big business possibly means a worse service.

Yes, I suppose there are taboos for a funeral director. There are certain rules laid down by the Association (the NAFD), the code of ethics. For example, you are not supposed to bribe people to bring business in. If you are a member, you are bound by these rules. You are not supposed to go round touting for business either, say, offering incentives to nursing homes, slip the matron a few bob to put the business my way when people die. It's different in America. One of the current problems in this industry has to do with the death rate. I believe there are going to be more elderly in the next century, which means a declining death rate in the short term. These fluctuations do affect our business. Also, I read yesterday that with the changes in Europe in 1992, there is a possibility of VAT on funerals, which will push up the price to the customer. Apart from that, the takeovers are the main change. That is something that the industry has not seen before. Before this decade, it was unheard of that a funeral director has more than one shop. Yes, it is the replacement of such assets as limousines, which can cost anything from £50,000 plus. If we take the London Boroughs of Haringey and Enfield, there is now only one medium-sized firm left with three shops, that's all. All the rest are owned by one of the big three, although you will find more small independents in the seaside towns.

I can make a few suggestions if we want to look into the future, say 20 to 30 years from now. Vertical burial is one, because we haven't enough space in the cities. There may be experiments in mechanisation in some ways, mummification and cryonics, you know, freezing people. I think you will find cremation taking off, which is now a lot more common in London than burials. Of course, some ethnic groups will not hear of it, like for instance the Greek Orthodox or the West Indians. They account for a proportion of burials in London now. But very few English will buy a new grave in London, which has to do with space and price, as a new plot is very expensive. In the olden days, you could buy a new grave for 6 or 7, whereas most cemeteries offer you a new plot for two now. Talking about the public image and possible stigma attached to this occupation is a delicate subject, I agree. It's difficult to realise when you are in the trade how terrified some people are and don't want anything to do with death. It is quite hard to step outside the trade and look at it from a public perspective. I don't much think of it usually. In times gone by perhaps it is that the funeral director hasn't had a good reputation. Unlike the situation in America, the occupation is relatively respectable. Of course, the Association has done a lot to improve the image of the funeral director. There is a tendency to less formalise the dealings with death. We try, for instance, now to get people to come down to the office and arrange the funerals, instead of going to their homes where there are the personal surroundings of the person they have just lost. Nor do we always wear black when we are arranging funerals. The changing population in London has contributed to breaking down a lot of the traditions.

How does the funeral director adjust psychologically to dealing with death and dead bodies, you ask. As I have said, it does remind people when they reach a certain age, of their own mortality. One comes to terms with it when one is in this business. How this is done is different with every individual. When I first came into the trade it did not bother me at all as I have always had a little bit of an interest. I cannot put my finger on where this interest sprang from; I just always thought of it as a trade I would like to try. But now, I am beginning to feel a little bit more concerned about it. It could have been a childhood interest originating at school. I don't think it had to do with the study of biology. No, I can't put my finger on any definite reason. I know of quite a number of 18 and 19 year old young people coming into the trade now without any previous connection. On another point in answer to your question, I don't know whether the funeral profession sees it as a serious grievance that the doctors do not disclose the cause of death. Perhaps they don't refuse to give it. You say the embalmers are unhappy about it. Well for them the risk is much greater as they have to cut the body open. I can imagine that they are quite upset. For us I think there is very little risk really. Quite frankly, it is probably better if we don't know about the cause of death. Obviously people have to be concerned about AIDS and our union does issue guidelines. As long as these are followed, I do not think there is a particular danger. The cause of death does appear on the cremation certificate, but we are not really supposed to look at that. There is less of a problem with cremations. Possibly knowing the cause of death makes us too involved with the client and we can get into a delicate situation. I know of an orthodox Greek funeral where

the person who was just buried had committed suicide. The family tried to hide this in the church because they feared it would refuse him a service. At one point we were asked what the man died of, so we simply said we didn't know. From the point of health risk, we are not too worried. I think there is more danger from Hepatitis probably than there is of AIDS, but as long as everything is kept in a plastic bag and gloves used when handling known cases, there should be no problem.

I don't think we have statistics for the business coming to us from hospitals and through unnatural deaths. As a rough and ready percentage estimate I would say 50% actual hospital cases and some 25% when the cases have been referred to the Coroner. This means that about 25% of cases die at home. However, such statistics must be accepted with reserve. You could just have a case where a person is in and out of hospital several times, died there, is taken home to have the funeral from that location. In our small shop we do about 65 funerals per year and bigger ones may do about a hundred per year. Hodgsons do one in five, I think. Training for the job is all done within the trade. I haven't actually taken any of the courses, just learnt as I went along. It was a case of just coming into the company and gradually learning by experience, although there are diplomas to be taken. The firm gives no training. They would put you into an office and you would be shown how to arrange a funeral, of which there are three types: the burial, straighforward cremation and cremation involving the coroner. You would be shown how to do all three. Yes, a very young person would be given some training, sitting in with somebody experienced while they arranged a funeral, and then gradually

they would be let loose on the public. It's a bit sensitive, not like any other trade, you can't make too many mistakes. I don't really know whether a large company like the Co-op or Hodgsons would give any formal training. They may have a scheme where people go on courses.

Why some children of funeral directors want to carry on and some opting for a different career is not easy to establish. Quite frankly, it could be a very boring trade for a young person, once you have been at it for a while. You then have been to every possible church and crematorium or cemetery in the area and it all becomes routine. You will have handled every type of cremation and burial, sent bodies abroad and brought them back from abroad. You will have done possibly an exhumation, which comes along rarely, and after a while there is no real challenge, so perhaps there is not a great deal to attract young people. Yes, I suppose a major disaster like Aberdeen would provide a challenge. The Kenyon Company have an international disaster section, and of course if you were on that it would be a much more interesting life. I believe they had a team out in the Falklands to repatriate some of the Argentinian dead. That sort of activity needs quite a bit of knowledge of law and procedure. Every country's law is different but basically, it's not as hard to learn as it's made out to be. I would agree that the funeral director is a professional as we understand it. It's almost a vocation to some people, much the same as if you were a nurse. You get people coming in terribly bereaved and you can get a kick out of helping and doing the whole thing for them. Of course, there are some people in this trade just out to make money, and it's a good game to make money really.

I agree, costs and wages do go up. This is controlled in some way. If you are in the Association, they set the increases, usually negotiating with the Union (the FTAT) new wage increases once per year. Shortly after, the prices go up accordingly. You ask about my thoughts of attitudes towards death in general. I have only been in this business for 6 years, but I would say there is now a much more liberal attitude towards death than there used to be. For example, if you are out on a funeral people will cut through the cortege, whereas before they would stop and give way to you. Also the neighbours don't draw the curtains any more when a funeral goes past. I think all this is a reflection of society in London. Up North, neighbours know one another well, whereas here they may not. You may perhaps see an elderly gentleman take his hat off, but you don't see police salute or anything like that. I think the impersonality of life in London has a lot to do with the changes in attitudes. (End of lengthy interview).

Both the Sandersons are younger than the other respondents. Also Mr. Sanderson is a member of the FTAT. He is intelligent and knowledgeable, although it appears that he has not had any formal educational qualifications. When I rang the bell at this small branch at a tucked-away housing estate, he had just arrived home from his full-time job, and still dressed in the black funeral attire. Although their food was already in the oven and ready to eat, they still granted me this long interview and also willingly conducted me around the premises (consisting of an office, interviewing room, stores and chapel

of rest) and gave me various sample forms normally in use, as well as a Diary with entries by Mr. Seaward for every single day of the year 1969. A very profitable interview.

Case 5. As the final presentation from among the number of my interviews with Funeral Directors, I am opting for a shorter description of Kenyon Securities plc's involvement in the organisation and execution of disaster management, as explained to us at the recent Educational Weekend at Keele University, arranged for their members by the British Institute of Embalmers[41]

Measured by the largest public companies in this country, Kenyon and the other two, known as the big three, are small enough but they do control some 50% of the dead-disposal industry. Designated by their precise names, Kenyon Securities plc; Great Southern Group plc; and Hodgson Holdings plc; the general public is more likely to associate these companies with finance, insurance and the City than perceive a connection with the death industry. The kind of big business image conveyed to the general public in this way functions to disguise some the stigmas which might well otherwise overtly exist. As a matter of great contrast, Kenyon's specialism in disaster management enhances the status of this company world-wide. It does this by the very fact of being expert in the management of this gruesome work, virtually unbeknown to the general public but most highly regarded in the trade. I will now describe what this expertise entails.

Let us firstly visualise a situation. There will be a large number of dismembered bodies in a condition of charred remains and/or bloodied lumps all over an area. In Nigeria, for example, it was an isolated crash and the weather conditions were terrible - snow, mud, water. Parts of the bodies, clothes, personal belongings, all have to be gathered together in a central area and identified. Bodies which are whole go into zipbags. At the Zeebrugge disaster an aircraft hanger was used to lay out the victims on a mass of tables, obtained from anywhere. A large quantity of clean sheets and special fluids were needed at the Farnborough Air Disaster for the creation of an embalming area, where an emergency mortuary was set up, and where embalmers worked under conditions they don't normally do. Large crowds of curious people have to be kept at bay by a team of security people. Sometimes (as at Zeebrugge) videos are taken of the under-water recovery of bodies.

The entire activities in any such disaster operation have to be backed by a highly experienced management team. Definite lists of items of equipment now exist. Complex documentation dealing with matters of victim recovery, identification, mass burial, property disposal and communication with relatives, is an essential element. Then, such disasters as the South African Airways accident off Mauritius requires diplomatic liaison. Political Ministers, UK Consulate, the Police, the Military, the Coroner, the Medical Faculty, Ministers of Religion, at times Interpol, must be established contact with and there is also a great variety of financial matters to sort out. In the case of the Piper Alpha explosion off Aberdeen and the King's Cross Station Fire,

the affected foreign employees or pasengers will be assisted by similar services. Doctors are clearly not available at the sharp end of recovery. It has therefore been the custom to recruit volunteer embalmers from Funeral Companies. They are the best qualified by their training to deal with the necropsic identification of the remains. It is stressful work and volunteers participate usually in one or two emergency services per year. The cost of their absence from normal work is covered by their employers and, one assumes, the financial involvement of insurance companies. It is unlikely that Kenyon Securities plc can run such operations at a loss. Nevertheless, it is also a social service of the highest order which no other organisation in this country has the experience and resources to undertake.

Concluding Observations.

During the last few years, many thousands of family businesses have found it convenient and often profitable to give way to corporate control. This has had the effect of replacing the founders or their descendants by managers within a wide geographical spread of funeral retail stores. At the same time, it made good pragmatic sense to the leaders of the big groups to preserve the local trading names and locations of the funeral shops. Where viability was in question, rationalisation won the day over local expectations and the shop might disappear; where there was promise of good business (perhaps a seaside retirement place for the elderly), revitalisation took place. When previous owners took up the option to continue as managers, the local community was unaware of any change at all. It is claimed that the

adoption of such a policy enabled the big groups to meet the demands for the kind of service available before. Whether such a claim can be sustained in the long run is open to question (see previous chapter, pages 3-6). The managing directors of the big trio (Hodgson, Kenyon, Spencer), are all personalities in their own right, and visibly very active in the professional life of the industry. They give interviews, write articles in the trade press, help to organise exhibitions and speak at conferences. They are known by everyone with any association in the business. Thus, their impact in the public arena in these roles is much more pronounced than that of their financial position or power, control and influence in the distant background, more than somewhat detracting from their association with death.

Continuing to trade as if there had been no takeovers is, of course, an ingenious mechanism for the retention of trading goodwill, for which the absorbed are quite generously compensated. Here too, is the JANUS function strongly in evidence: the big business image on the one hand and 'insider' affinity with the practising undertakers on the other. Facing both ways in this manner is truly co-existing in diversity. Now, what can one glean from the sub-culture of the undertakers themselves? They like ritualising the funeral, committing the body (and for the religious, commending the soul), helping the family to pay public tribute to, and face the reality of, the loss of the deceased. Current funeral directors have all been trained by previous funeral directors, who themselves have undergone occupational socialisation from an early age in the family business. Thus, no matter which funeral director one speaks to, the proclaimed values are always the

same; the unusual role they play; the personal service they give in times of crisis; the moral and practical support to lift the burden from the distressed; the human feeling, the sympathy, the deep understanding they can offer; and not least, the wide-ranging knowledge of legal, medical and religious practice, plus the wealth of experience available to the bereaved as ethical, caring experts. Max Weber might not be dissatisfied with the match of such an 'ideal-type' model. By and large, the case interviews have confirmed this ideology. It reflects an image the funeral directors like to present, and largely succeed in presenting, in their personal relationships with clients, which does accord them the desired status their professional association claims for them. Thus, a vague and possibly more distant awareness of the public stigmas will tend to sink into oblivion at a time of need, when the funeral director comes on the scene, grasps the reins and stages the show.

Whilst the common values of service and compassion discussed above unite the body of practising funeral directors even across national boundaries, they do tend to differ as individuals as well as in types, which makes it quite feasible to attempt (at the end of this chapter) a loose categorisation, based on the feedback from face-to-face interviews, reflecting broadly respondents' attitudes towards undertakers' work. As another side of the coin, it is clearly possible also in specific structural situations to discover a network of deviants, as the following illustration from a press report (Evening Standard 4.11.88, p.13)[42] and a shorter report in the Funeral Service Journal, November, 1988, p.33[43], will show.

It is the case of an undertaker in a French Riviera jail for buying bodies from the town morgue in Nice, who felt hard done by because 'others are also doing it' and had not been caught. Thousands of marchers just outside the jail window demanding the return of the death penalty may have been some consolation at the time as that can't be bad for business. The police discovered his price list which stipulated a commission of between £100 and £200 per corpse, depending on the amount the bereaved intended to spend on the funeral. Nice's cosmopolitan population of retirement age is roughly equal to the total of residents in Bournemouth, which means a thriving funeral industry, employing some 5,000 people, and a turnover of millions of pounds. But the peace of the dead in the huge cemeteries was disturbed by foul play among the undertakers, hearses being attacked, shop fronts smashed, florists' supplies poisoned with weedkillers. Thus (William Langley reports from Paris)[44], 'even before you are cold on the slab, the chances are that mortuary workers will be ringing around the funeral parlours, checking the best black-market price for you'.

The Riviera police discovered that the current rates paid by undertakers to secure bodies for disposal are £60 for a cremation, £100 for a burial in town and £150 for a burial out of town. Part of the deal is for mortuary workers to persuade relatives to use only those undertakers who pay bribes. The jailed funeral director thinks this a disgrace. He himself knows of a colleague who had to pay to bury his mother-in-law. Corruption is so well organised in the town that staff in retirement homes, concierges and hospital workers can obtain regular fees for tip-offs on imminent deaths. Similarly to many other towns in

France, Nice is party to a monopoly agreement between the Council and a large funeral company. Competition is barred except for the supply of peripherals, like coffins, headstones and wreaths. When people die at the rate of 700 per month, competitors inevitably arrive on the scene to tempt clients to opt for a 'decent' funeral with all the trimmings (mahogony coffin, brass handles and such), which can be had for a mere £5,000. Life is difficult for those companies which resist these bribes, for mortuary workers will dissuade the vulnerable bereaved from patronising a firm 'whose flowers wilt and whose coffins fall apart'.

The full scale of the racket emerged from a secretly-taped conversation between workers at the central morgue of the town's hospital pasteur: 'Gerard, you owe me for three or four bodies from last month; it's time you paid up'. The jailed undertaker admitted to having paid bribes of £6,000 in the space of six months. Mortuary workers have now joined him in jail. The whole affair created wide publicity in France and authorities are pledged to clean up the mess. These incidents, also publicised in this country, more than out-do Mitford's report on the American way of death. Indeed, it brings us back to the resurrectionists 150 years ago and will do the general image of the industry no good at all. Quite apart from the criminal implication of bribe, serious questions of ethics and morality are raised, and one begins to doubt the professional code. As more and more seaside towns in this country become retirement places, the funeral industry thrives there as well, although these towns are barely a quarter of Nice's size in population terms. The NAFD is jealously guarding its image through the medium of public relations and is sensitive in the extreme towards

adverse research findings or unfavourable reporting by the media. The NAFD is not a closed profession and cannot restrain non-members. Nor is it in a position to influence an oligopoly situation (where a small group of companies is virtuallly able to control the entire funeral market). In the wake of stable business, fixed by the number of deaths (corpses available), it is then a dog-eats-dog situation and the danger of monopoly, as in France, where competitors are unwilling to share.

Indeed, the fascinating aspect for the social interpreter of this industry is to recognise that it abounds with contradictions: (a) will the trend towards a more simplified - or more 'restrained' type of funeral, as the undertakers like to put it - continue? Previously, elaboration of the ritual was a sign of fitting tribute to the deceased, but also an advertisement of the family's social status; (b) will mounting costs force a larger number of survivors into a do-it-yourself funeral? Or (c) will the big boys transport the dead and handle them from a central point, a kind of warehouse? Reclamation from burial grounds, exhumation, reinterment and disaster management has already furnished these companies with experience to deal with large numbers; (d) will the trend towards bribery encourage stricter legal control, or will the politicians encourage self-policing by the profession and accord it some form of closure? (e) will competition among the big four become fiercer, will they try to absorb each other, and will they be able to resist the attempts of European control? How successfully are the undertakers fighting the public stigmas associated with their work? To begin with, their status is confused; we find within the conservative mainstream those who can bear the

unrealistic expectations of the bereaved and act as buffer for all their problems; we find also those who present pragmatism as a high principle, and those who disguise slickness as innovation. The professional journals present them as human, like you and me; they have got hobbies and sidelines - becoming actors, special constables, ordained, elected to Mayor, even lending a hand with gravedigging at times; then there is also the new threat from the local councils; some have and several are eager to set up as undertakers; the NAFD in turn are planning to fight these proposals "to the death". It could end up as a memorable confrontation, especially as many councils have been busy privatising other services. The number interested has already reached double figures. The complete answer to these contradictions lies all in the future.

The nature of morticians' work will receive further attention in the chapters dealing with the changing conception of death. Here, <u>two</u> key variables, adding to the ambivalent placement of the funeral director in society, need elaboration. One is what Habenstein (1962[45]) calls 'Client-Ambivalence'. This explanation proposes that the current popular aesthetic of death makes for the alienation of the dead and demands at the same time their disposal within a setting of beauty. While the traditional Christian prescriptive is for reverent, personal involvement in the care of the dead body, the task is delegated to a secular functionary - the undertaker. Thus, the clash of aesthetic impulse with traditional prescription provides the social basis of the client-ambivalence. If an undertaker is subject to such ambivalence because the mortuary tasks previously associated with family and close

friends are now delegated to him, what then (Habenstein asks) are the possible modes of directing the affective charge away from the negative pole of the ambivalent relationship? He argues that the aesthetic impulse to beautify the unpleasant by artifice and the alienation of the dead by the bereaved have made the undertaker an indispensable adjunct to society in America. He does not think that the mode of disposal of the dead will change in the near future. (Writing in 1962, he may not have been aware of the steep increase in cremation, of mass burials, of attempts to mummify or cryonic suspension). Yet the mortician interested in reducing client-ambivalence is faced with a number of large but poorly defined problems. Public fear of death, ignorance, and the activities of a few disreputable practitioners are blamed by the funeral directors themselves for the general antipathy towards the occupation. Consequently, they are unwilling to admit that there could be a significant, profound, culturally-based negative attitude toward them as a group, except as attributable to a 'few rotten apples in the barrel'. That is Habenstein's case and his reasoning seems sound enough. The stigma has a cultural basis, supported by the compendium of nine indicators earlier identified.

The other is concerned with role conflict. In interviews, funeral directors will readily talk about their work and being the people to whom a client can turn; they will not mind talking about the costs and overheads, or the large amount of capital employed; but they will not talk about profits. I have already alluded to the problem of reconciling service and profits at various stages in this discussion. Mitford (1963)[46] says how funeral people are always telling each

other about the importance of eithics, sentiment, integrity, standards, moral responsibility, frankness, co-operation and character; and how they exhort each other to be sincere, friendly, dignified, prompt, courteous, calm, pleasant, kindly, sympathetic, good listeners, et cetera, et cetera. But professional journals also proclaim that 'merchandising is the lifeblood of the funeral service business.....'; or 'the highest ideals are worthless unless they are properly applied.....(it is declared).....and the funeral director who thinks only in terms of serving would very likely find himself out of business in a year or less.....'. As the thousands of takeovers in this country have shown, that is already happening. Those well-educated funeral directors one speaks to appear to suffer a crisis of conscience. It is, therefore, not easy to explain the ways of a funeral director. Does he create or destroy? He gives service, but he is also instrumental in getting 70% of the dead bodies burnt to dust and 30% beneath the ground. He gives service without there being a tangible product, and yet, productivity is measured by the number of funerals per year he can do. If 200, he is small fry; if 30,000, he is the largest in the country. In a wider sense, approximately 3,000 funeral directors dispose of 600,000 or so, corpses per year. The statistical average for this is 2,000 for each. How is that for productivity? The industry is, of course, by everyone seen as a service, but is it that entirely? A dead body is also a commodity which the funeral director purchases for processing, in the course of which he engages the service of others to turn the body into waste for disposal.

The dilemma is obvious. Describing the process in this managerial way is not dignified, nor would it be good publicity or good for the business image of this industry. In economic terms, patronage is never certain. Like the restaurant or the barber shop, one can't be sure of when a customer will come along. Some economists even deny that service is wealth. No one is consuming other than the crematorium or the ants. Death work is clearly a service and yet, it leads also to change in the form of the goods, not to forget the dramaturgical aspect of the transaction. Smale (1985)[47] is another researcher who comes down hard on the funeral director. He sees the role conflict between service and profit in the unsuitability of the funeral ceremony for inclusion in profit-seeking commercialism. He argues whilst other occupations have bodies as their focus of attention, the funeral directors have only dead bodies. In order to process them, they exhibit them to gain profit from their handiwork. In addition, they resemble mourners but are paid to appear so. The actual mourners may well break the conventional rules due to grief and social dislocation. But for the funeral director to be paid to act as a mourner does not fit in easily with the contemporary regard for spontaneous and natural response to death. Smale agrees from conversations he had with many funeral workers, bereaved and mourners that funeral directors appear to be objects of curiosity and discomfort because they handle that which others consciously avoid, although we know that a major part of that is delegated to employees. This kind of apprehension is not unlike fear that death may be catching.

The many-faceted contradictions discussed tend to reinforce the ambivalent position in which the funeral director finds himself. With help from some of the incumbents themselves, it is now possible to construct a broad typology which distinguishes cohorts by their philosophy of doing the job.

(a) The Traditionalists, who are likely to be also

(b) the Gladiators, to be followed by

(c) the so-called Slicks, who are also likely to be

(d) Pragmatists, then to be followed by the

(e) Innovators

Note:

Taking the Funeral Industry as a whole, the percentage estimates would be:

(a) and (b).....50%

(c) and (d).....40%

(e).....10%

It should be pointed out that sub-types may also be found among them, such as the 'Stick-in-the-Muds' and the 'Restless'. The former are happy to muddle through while the latter are keen to advance their careers. By and large, most funeral directors are an amalgam of all types in various degrees. The traditionalists are likely to be also gladiators since the 'good service' will include enough pride to put on a 'good show'. There may be small numbers who really see themselves as 'doctors of grief', but reliable information suggests that this attitude has not pervaded the English funeral industry. The slicks possess certain traits common also to (a) and (b), adhering to

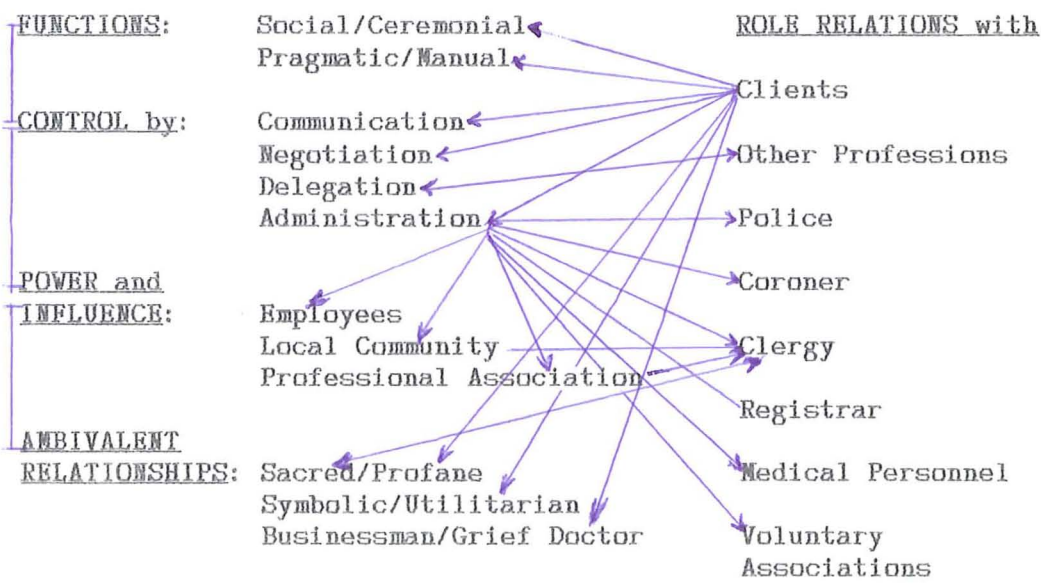
tradition and following rituals if the client so wishes and can pay. In other respects, they will fit in as many funerals as necessary, possibly at the expense of that final touch, and thus putting profit above service. In some instances they would wish to appear to be 'Trad-Glads' and can talk their way around most problems. The pure pragmatist will do exactly as the customer requires. Most funeral directors will have elements of innovation about them, but few will exhibit this in the manner of Hodgson (who is a personality unto himself). Some of the private mega-firms may have need of problem-solving to run properly, though this is likely to come from the kind of leader or principal of Hodgson's type. One instance of an attempt at innovation would be to embalm on an assembly line (to be discussed in chapter V below), which has been attempted by one of the big companies. As can be seen in (e), innovators are small in number. There is always innovation of some kind at the local level for funeral directors just coping with the demands of the daily work. But this is recognised to be a conservative industry and it would perhaps be fair to say that there is not a great deal of scope to innovate.

The Stigma Indicators and Counter Influences projected upon the Funeral Director may now be conveniently summarized here. (Status Diminishing and Status Enhancing Criteria).

	STATUS DIMINISHING CRITERIA	STATUS ENHANCING CRITERIA
(a)	Historical Discrimination	Corporate Image
(b)	Adverse Literary Interpretations	Association with the City
(c)	Biased Attributional Formulations of Professionalism	Conferences (often with Public Participation)
(d)	Inappropriate Official Classifications	Professional Body and Examinations
(e)	Projections of Blame and Guilt	Expertise: Disaster Management
(f)	Rumoured Infringements of Ethical Behaviour	Exhumation and Reclamation
(g)	Encroachment on the Territory of Professions or Occupations	International Connections Subsidiary Industries
(h)	Public Apprehension of Death with the Undertaker one of the Core Participants of the Death System	Service Ethic Status in the Local Community Bereaved Support
(i)	Professional Status questioned	Preserving Tradition

SUBSTANTIVE MODEL

Showing Functions, Control, Power, Influence and Ambivalent Relationships



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CHAPTER V

CONTENTS

THE DEATH SYSTEM IN OPERATION – Embalmers Unmasked

CHAPTER V

CONTENTS (Continued)

CHAPTER V

THE DEATH SYSTEM IN OPERATION - Embalmers Unmasked

The Embalmer - An Introductory Overview

By way of some general information, embalmers have a professional body in this country which currently has 1,425 members of which approximately 15% are females. The British Institute of Embalmers (BIE) publishes a by-monthly journal which contains news from various parts of the world, plus technical details for members. The Institute dates back to 1927 and any person engaged in funeral services can become a member. The objects are to encourage and promote the practice of embalming and to maintain the welfare and education of practising embalmers. It is not unusual to suppose that modern embalming is a revival of the art practised in ancient civilisations, but there is no comparison (in the view of the Institute) as embalming is seen as a scientific treatment of the body of a deceased person to ensure the living are not infected and at the same time, giving a sense of consolation to the bereaved. A man by the name of Ruysch from Amsterdam introduced modern embalming in the 17th Century and his methods were advanced by the two great Scottish anatomists, the brothers Hunter. What does embalming mean to the bereaved? They often have a keen desire to view the remains before the funeral and the embalmer ensures respect of these sentiments by the elimination of conditions which may have a distressing spiritual and mental effect, as

well as being a danger to health. Thus, the deceased can be presented in the best possible condition, with natural colouring, absence of odour or other unpleasant change (which would follow soon after death), and indeed as if peacefully asleep. Embalming is not, however, a legal requirement and those who practise can be part of a funeral family firm, the director or his/her assistant in a company, or an employee, or in self-employment and for hire by funeral undertakings who do not have qualified staff.

I have touched so far on professional attitudes and requirements, on whether embalming is an art or a science (intent to return to this topic), historical origin of the modern practice, hygiene and psychological benefits to the bereaved and who employs this professional group. This is by and large the operational side. It is also necessary to direct attention to matters of culture, economics, whether the work is menial, the identity of the dead, the ideology of the embalmers and historical attitudes towards pestilence and the dead.

Starting with the last, Philippe Aries (1976)[1] discusses the more enlightened attitudes in France around 1760 which began to criticise the contradictions of unhealthy odours from common graves on the one hand and the pile-up in churches of cadavers on the other, the latter being reproached for "doing everything for the soul and nothing for the body". It was not so much a case of the dead poisoning the living as a cult of the survivors' unwillingness to accept the departure of their loved one. Remains were held on to, even as far as to keep them visible in bottles of alcohol. Aries tells of a doctor during the

American Civil War (1861-65), a quack doctor in fact after being expelled, who embalmed 4,000 cadavers in four years; and 'Ma' Green, who, as a young woman, helped the undertaker and at age 20 was a licensed embalmer. In short, it was a time when corpse technology became a service for the common people. Up to the Civil War in America, cadavers that had to be transported or kept unburied for days, were simply packed in ice. While the ancient Egyptians cared for the spiritual and the possible fate of the soul (of which embalming was but one aspect), the preoccupation of the industrial West was with the desire for profit. After auspicous beginnings during the 18th Century, the career of the embalming practice made impressive gains, particularly in the USA, where the government gave it full support, even to the extent of a legal requirement, if the interval between death and burial demanded it. Embalming was big business at that time, with only 8% of the lifeless cremated and cannibalism minimal; indeed, it was then and is now an important economic activity for the nation right down to the individual enterprise. But the biggest gratitude to the embalmer should come from pathologists. They could argue that embalming should not be dismissed as a menial activity, given its frequent unpleasantness. At its most perfected and professional, it is no exaggeration to call it an aesthetic art.

One supposes that when a pathologist has completed his task and looks at the remains on the table in front of him, he may well ponder what his professional zeal has done to the human form. Call it defilement or not, the dead possess an identity granted to them by the living through keeping the cadaver intact for friend and foe. But the

embalmer wants more than that. His/her adroit administration will avert catastrophe. Ideology requires it. Absent bones are replaced by rods and sticks; incisions are closed off; gaps filled up; restoration and reconstruction jobs done; staring eyes are carefully closed and cotton plugs placed inside cheeks, to give the hollowed-out appearance of consumption a more robust semblance of life. Now the embalmer sits back to contemplate the finished product - the 'viewing' ceremony, as the final verdict of the mourning survivors.

Ancient and Modern Embalming

Burial has been a distinctive human rite since ancient times and was not originally due to sanitary motives. What appeared to matter more was a visible expression of sorrow, an aversion to the contagion of death and the propitiation of the dead, who were often regarded as jealous of the living. Most of the rituals were also accompanied by food and other equipment, which had to be placed in the grave, in order to satisfy the belief in some kind of afterlife. Given the variability of corpse disposal, (of which one extreme is related to the writings of Herodotus in which he tells of a tribe on the borders of India whose custom it was ceremonially to eat the bodies of their parents (Burn, 1983 see reference [16])), one can observe an early association between the ritualistic practices and experimental preservation, involving the interacting roles of kin, priest and anatomist. One can really think of the tombs in archaic Egypt as the first signs of social stratification, where the best was reserved for the king and his nobles. The early royal tombs also had subsidiary burials grouped

around them as resting places for the favoured servants of the crown. Interment in this fashion was a privilege. To build a tomb in the royal necropolis required official prescript and the crown would sometimes assume part of the cost of outfitting these 'houses of eternity'. Of course, the ordinary Egyptian's aspiration for his existence after death was to be the best available to him (Murnane, 1983). See reference [17]

Before the dynastic age Egyptians wrapped their dead in skins or cloth and buried them in shallow sandy graves. This practice kept the remains dry and produced natural mummification. It is likely that the preservation of the body was related to the belief in immortality. Religous views suggested that the soul has more than one life cycle and that it passes through the bodies of animals before it could return to its own habitation. Preserving the dead human body and paying it reverence in a tomb was therefore important. The ancient Egyptians then progressed to the Copper Age and learnt how to fashion coffins from stone and wood. (Visited the British Museum, November, 1988.)[2] By the middle of the First Dynasty, religion had assumed the funerary rites. But to the dismay of the Priests, bodies in the coffins putrefied without the dry and hot sand. Sand was then added to the box-like structures for entombment to provide a near anaerobic condition to keep the contents dry. Later, more sophisticated materials were discovered: salt and sodium carbonate from the dried out shallow lakes in the hot season, which the Priests noticed preserved bodies buried in the soil much better when it contained such substances. Experiments took place also with imported resins, aromatic

perfumes, oils and saw-dust from the cedar, bitumen from the Negev, and immersing in honey. The flint knife had by now become a sacred instrument for the removal of viscera because it was discovered that gut and stomach needed to be removed if putrefaction is not to be hastened.

Embalming took root in Egypt at about 3000 B.C., and assumed increasing complexity in the following years to meet the ritual need for perfection. Usually, attendants would arrive with a body at the embalmers and view a choice of cases stylised like humanoid boxes to present the embalmers' art as well as acting as a guide to cost. According to the required ritual, the body was laid in the earth, a scribe (or learned one) would make a painted mark on the left flank and the dissector with the flint knife would then manually open the belly and wrench out all the organs except the heart and kidneys. How embalming progressed from this point is somewhat uncertain as misunderstandings in textual evidence occur. We now meet our friend Herodotus, the father of history and comparative anthropology, again (see Appendix 2, pp 1-2),[3] whose classical account of the embalming procedure suffered from a misreading of his translators as to sequence. Correctly interpreted, the body after evisceration is steeped in hypertonic salt solution; the cavities packed with resins and aromatics; immersion in a saline-bath for seven days; the body to be anointed with essential oils; and finally wrapped from top to bottom in layers of linen bandages, inuncted with gum. Unpleasant smells were so hidden and the dehydrated remains preserved before the corpse was finally returned to the relatives for burial. (Dr. Haler, 1983).[4]

The high-class embalmers in Egypt passed a hooked instrument up the nose and forced it right through into the cranial cavity, working this about to break up the relatively soft brain to eventually raking it out of the nasal passages. The final removal appears to have been a stream of saline, followed by an instillation of aromatics.

A cheaper embalment procedure was also in use. Here, no attempt was made to remove the viscera. According to Haler, cedar-wood oil was forced into the intestines and the anus sealed to prevent reflux of the oil. The body was then immersed in strong saline solution for a specific number of days, following which the plug was removed. Herodotus explains that the alimentary tract was so voided as liquid as a cedar-wood oil emulsion. The body, having been subjected to a high molarity salt solution in this way, was osmotically dehydrated and returned to the relatives in a shrivelled state. The fate of the viscera in the canopic jar seemed to differ. Many of these jars were sealed and buried with the mummy.

Similar modes of preservation were also used by other races and peoples. A whole range of chemicals (some newly discovered) were used later: mercury chloride was one of the metallic salts; bacteria indigenous to the body were killed off with a poisonous protein precipitant; arsenicals offered antibacterial properties; alcohol like rum helped to bring Lord Nelson's mortal relics back to England in a hogshead full; tannic acid could convert human tissue into a kind of leather, and saltpetre to act as a desiccant substance. Later still,

injection methods became popular, with fluids containing such chemicals as chloride, alum, potash glycerine, arsenic and alcohol.

The cultural characteristics one can detect from the foregoing observations are a ritual need for perfection in the preservation of the body for immortality and the religious views which suggested the passing of the soul through animal bodies before it could find its resting place in the preserved human body. Social historians of ancient Egypt do not tell us a lot about the significance of the discovery and use of chemicals which accompanied the incentives for body preservation (perhaps justifying my closer reference above), or the craftsmanship employed in the embalming art. One does, however, know from the Museum display that those honoured by mummification were in the main palace officials, singers, priests and talented artificers. (See also Andrews, 1984).[5]

Much more information on embalming practices and the cultural rationale underlaying it in the Middle Ages can be gleaned from the researches of Clare Gittings (1984).[6] She discovered as particularly applicable to the upper social ranks another kind of sentiment in operation reflecting what I have previously coined as the 'Janus' function. The two opposing viewpoints relate to how soon the corpse is to be buried after death. Some testators required this to be done as quickly as possible. Dame Joan Boynton, a Yorkshire lady, wished in 1486 to be 'buried in all goodly haste as may be'; Agnes, Countess of Pembroke, in 1367 wanted to be buried 'within two days after my death'; and Elizabeth, Lady Despenscer, in 1409 asked to be interred three days

after she died. These ladies evidently experienced an unease at the prospect of physical decomposition as well as a reluctance of submitting their dead bodies to embalmers' unpleasant ministrations.

Hygiene as one of the reasons for quick burial was less prevalent at that period, but some ladies seemed to share a concern with their dead bodies which had strong undertones of sexuality about it. Among the examples as early as 1572 is one of Mary, Countess of Northumberland, who directed in her will that 'not in any wise to let me be opened after I am dead. I have not loved to be very bold afore woman, much more would I be loath to come into the hands of any living man, be he physician or surgeon'. Another example is of Lady Verney in 1639, who directed to 'let no stranger wind me, nor do not let me stripped, but put a clean smock over me.....and let my face be hid'.

In opposition to speedy burial, various testators specifically requested that they should not be interred too soon after death, presumably because they feared to be buried alive. Medical science was not yet highly developed and to be mistakenly so interred seemed to constitute a very real danger, and possibly (suggests Gittings) accounting for the origin of tales about vampires. Two examples of wills are those of John, Duke of Lancaster, who in 1397 willed that his body 'be not buried for 40 days, during which I charge my executors that there be no searing or embalming my corpse'. Come the funeral after this length of time, one wonders in what condition the body must have been in. Elizabeth de Burgh, founder of Clare Hall, Cambridge, is

also quoted as having written in 1355, that 'I will my body be not buried for 15 days after my decease'.

Conversion to Christianity following the early Egyptian attempts at preservation did not completely wipe out experiments in the art of embalming, although (as explained by Mitford) it was mainly the privileged for whom it was found expedient to provide visible evidence of death by exposing the body to public view. As for Europe, only the great or near-great like monarchs may have been treated thus on political grounds, and the very rich as a form of pretentiousness. There prospered, however, in every age charlatans and eccentrics who claimed to have rediscovered the lost art of the Egyptians or offered new and improved pickling methods of their own invention. Also, physicians, surgeons, chemists and apothecaries, formed part of the later 17th and 18th Century experimentors and anatomical researchers, often enlisted by private necrophiles for the preservation of dead friends and relations. (Mitford, 1980).[7] Dr. William Hunter[8] was one such well-known anatomist. What he was after in contrast to today's practitioners was a technique that ensured perpetual survival of the remains, following permanent chemical arrest of decomposition, whilst allowing for a pre-mortem appearance. Autoiconism, in short. His bodies were to last, not for an hour, day or year, but always. He did not, howevever, mean to imply in his writings that all bodies should be preserved against natural decay. His subjects were few and often intended for retention as examples of the art for students and the medical profession to refer to, in the best traditions of the researching anatomist. Another justification for embalming bodies was

included in Thomas Greenhill's 1705 publication 'Art of Embalming',[9] when he defended his preoccupation with it by stating: 'Some have spared no means to render themselves immortal but finding death inexorable and irresistible, they altered their measures by inventing a thousand ways to perpetuate their memories after their dissolution. It may be justly said of embalming that it is undeniably the most considerable and efficacious means to answer their intention'. Others wanted preservation to keep the loved ones in the home. There is the case of Sir John Pryce (1698-1761)[10] of Newton, Glamorgan. He was so upset by the death of his first wife that he had her embalmed and placed by his bedside. He soon remarried and seemingly his new bride did not object to her predecessor's corpse sharing the bedchamber. She, in turn, passed away out of 'despondency after two years of marriage', was embalmed and placed by Sir John's bed. He married again but the third Lady Pryce refused to sleep with her husband until the bodies of the other two ladies were removed (Litten, 1988).[11]

Another story also related in Litton's research paper on some 17th and 18th Century recipes for embalming is that of an anatomist by the name of John Sheldon,[12] who in year 1784 told a visiting Natural History Museum Professor from Paris, how 9 years earlier he preserved a mistress whom he tenderly loved. The Professor was allowed to view the mummy. '.....the glass was lifted up and Sheldon made me admire the flexibility of the arms, a kind of elasticity of the bosom and the perfect preservation of other parts of the body. Even the skin had partly retained its colour, though exposed to the air. He had injected several parts of it with strong spirits of wine, saturated with

camphor, mixed with a small quantity of turpentine. The skin was prepared and tanned with a finely powdered alum, rubbed on by hand. The intestines were taken out and covered with varnish composed of camphor mixed with resin and, to imitate the natural tint of the skin of the face, he injected the carotid arteries with a coloured substance.' (Faujus Saint-Fond, 1799).[13] This story is told to show how far embalming had progressed at this period of time. The later needs of Forensic Science to detect crime led to the abandonment of the metallic poisons, to be slowly replaced by the arterial injection method. The American Civil War caused a great upsurge of the need to preserve dead bodies, which advanced the use of the present method, Formaldehyde Solutions of great complexity and refinements, although body desiccation alone does not render it safe. The 19th Century is now a convenient stage to lead into a discussion of attempts at the professionalisation of embalming.

The World of the Embalmer

In a nutshell, modern embalming is the study and science of treating a dead human body to achieve an aseptic condition, a pre-mortem appearance and preservation. No occupation in the 'death industry' other than that of the anatomist (the doctor who conducts autopsies to establish the cause of sudden and unnatural death) is so closely associated with the manipulation of the lifeless human body as is the embalmer. His/her toolkit includes a set of surgical instruments, drainage tubes, sterilisation instruments, liquids too numerous to mention and a whole set of cosmetic materials to enable scientific

treatment of the deceased person. The full-time professional embalmer handles between 4 and 10 corpses per day, every day, and he/she may have to carve, inject, stitch, bolster organs, shampoo, shave, cut toe and finger nails and apply technical cosmetology. Few outsiders are allowed into the embalming room at a funeral director's premises and view the process. I have been fortunate to gain access to such a session and will describe the experience below. The sequential stages of this chapter will be those of evolution, professionalisation, case studies, work routines and a concluding discussion highlighting elements of interest to the sociologist.

The Birth of Organised Professionalism[14]

Up to about 1888 there existed no national trade associations as we know them today, and no one person of sufficient national standing to bring members of the funeral trade together into an organised body. There were, however, some prestigious persons who succeeded in establishing local associations of undertakers in cities and towns as London, Liverpool, Manchester and Preston. By 1898 word had spread and individuals in many other towns managed to generate enough enthusiasm and interest to participate in the launching of a national organisation, to be designated the 'British Institute of Undertakers' (BIU), whose key objective was to raise the general status of the occupation. One of the founders, a certain Mr. H. A. Sherry, who later became the first National President of the (by then) re-named British Undertakers Association, visited America and was so impressed by what

he saw that not only did he himself lecture widely on his return, but also invited one Professor Sullivan to come to this country to talk about, demonstrate, teach and conduct examinations in the contemporary method of Embalment. The invitation was accepted and the first classes were held during the year 1900. Although the BIU had initiated this progressive move, its own organisation in the initial stage of its formation had encountered the same sort of oppostion and obstruction towards a formally organised professionalisation as was experienced by many other societies at that time and within a short few years it found itself unable to survive.

The Formation of the British Embalmers Society[15]

Newly qualified embalmers realised only too well that the development of their skills depended upon organised meetings for the purpose of discussion and instruction. Thus motivated, they formed their own organised group in 1901, known as the 'British Embalmers Society' (BES). Meanwhile local associations of undertakers also continued their activities, and in due course attempted again to form a national organisation. The British Undertakers Association (BUA) then saw the light of day and was formally inaugurated in 1905, to continue to go from strength to strength thereafter. By 1915, the BES was incorporated into the BUA. Following some conference meetings some thirty years later (1935), the term 'Undertaker' was thought not to be a fitting title for a professional body and replaced by the 'National Association of Funeral Directors' (NAFD), still including also the

earlier absorbed Embalmers Society. About nine years before this event (1926), twelve prominent embalmers joined together for a meeting at an East End of London Cafe and decided there and then to form a national association with the main objective of improving the standard of their professional services. Those twelve formed the core of the present British Institute as an autonomous body to promote the science of embalming until it became an established part of every funeral service. Additional objectives included the provision of tuition and an examination for student embalmers; the facility for post-graduate training in new techniques and apparatuses; and finally, to obtain recognition for the science and art of embalming by Government and the general public. The BIE was then duly registered in 1927 and incorporated as a company in 1929.

Professional Control and Work Routines

Although the historical association between funerary customs and embalming has continued through the ages, its form and function has undergone fundamental change. Physicians and surgeons no longer engage in the embalming routines because the ritualistically required process of artificial dessication, whereby some internal organs are removed, the body cavities filled with myrrh and spices, and treated salt and natron, is not consistent with the contemporary cultural beliefs or the accepted purposes of body preservation. Simplistically put, it would seem that the organisation of the disposal of the dead is now in the hands of managers (the funeral directors) and the anatomical part the

province of the players (the embalmers). However, the degree of professionalisation and the dependency relationship of both these occupations is much more complex, as the subsequent discussion below will reveal. Divorced though the BIE from the NAFD has now been for some 60 years, these two organisations continue to exist on the face of it harmoniously side by side as participating actors within the same social dramas, although it will be found from a later analysis of embalmers' work that the work routines are drastically different. Since 1958, the embalming arm of the NAFD and the BES have become merged into the BIE with its own distinct occupational identity in the world of embalming. There is also now a National Board of Examiners on which embalmers, funeral directors and Co-operative Funeral Service managers are represented. Debates in this country whether embalming is a trade or a profession (an issue to be considered in the conclusion to this chapter) make it essential to give some indication of the privately-run exmination scheme. Candidates are expected to possess a good knowledge of Anatomy and Physiology; an elementary knowledge of Pathology, Bacteriology and Chemistry, together with a comprehensive grasp of the theory of Embalming and its practical application. The theoretical part (comparable with the early years in medical school) consist of Histology, Osteology, Myology, Splanchology, Angiology, Neurology, Surface Anatomy, Pathology, Bacteriology, Embalming Chemistry, Embalming and Personal Hygiene. After passsing the theoretical part, candidates apply to take the practical which is examined on an individual basis. This consists of one complete embalment of a subject, in addition to which a total of 30 embalments at the work place must be certified, of which 12 have been subjected to

a post mortem examination (Necropsy). There is also a common funeral service preliminary examination for those who have none of the specified entrance qualifications.

Tuition, Research, Codes of Practice and Ethics[18]

The teaching of embalming has progressed throughout the Institute's history. As a new art and science, it was first given publicity in copies of the Undertakers Journal. Around 1920 two private schools of instruction became available, but only to selected applicants, such as Funeral Directors or their sons. Prescribed theoretical texts were Cottridge's 'Anatomy & Sanitation' and Bartholomew's 'Anatomy of the Human Body'. A nurses dictionary was also used. Further schools were opened in London and Blackpool and American books as well as embalming products introduced into this country. This was also a time when the first 'Trade Embalmer' came into existence (Trade Embalmers are self-employed and available on hire to Funeral Directors). Cases for practical demonstration and embalming tuition were hard to come by and school representatives travelled a good deal at short notice to support this need. With the increasing importance of the teaching role came the formation in 1954 of a National Education Committee, to be followed by a Teachers' Registration Committee and the introduction of an accredited list of qualified and experienced teachers of embalming. These measures are seen to have played a key role in the improvement of the quality of embalming and enhancement of the professional status of the embalmer. The year 1945 saw the creation of a 'Research Board'

whose first objective was to re-assess the aims of the BIE. In brief, the five recommendations revolved around the areas of clinical research and laboratory tests; the preparation of a report to the (then) Ministry of Health on embalming procedure and public health measures; training for funeral services; the scientific standards in the treatment of cases; and finally, to have the care, prestige, welfare and livelihood of the professional men and women doing this work protected. The senior members serving on the Board had the stupendous task of undertaking such tedious investigations as the tubercule bacteria, the effects of embalming on cremation and the many experiments with derma surgery compounds. One member researched the condition of two cases removed from the Catacombs, in which the cadavers had been placed for two years. The collated findings were then made accessible to members via the journal, today known as the 'Embalmer'.

There are among the wider public still misconceptions about modern embalming. It is not unusual to suppose that it is revival of the art practised in ancient civilisations. There is, however, no comparison. The word 'embalming' simply means the scientific treatment of the body of a deceased person, ensuring that it is free from possible infection to the living and at the same time giving a sense of consolation to the bereaved until the time of the funeral. A more precise analysis of modern embalming, its scientific application, its psychological effects upon the performer and the mode in which occupational socialisation takes place, will be built up into the case studies to follow. At this point, the established codes must receive brief attention to indicate

the endeavour of the BIE to advance along the path from quasi to full professional status. The 'Code of Practice' need not detain us long, important as it is in practical terms. It revolves around protective clothing, hygiene, cleanliness of the work area, ventilation, waste disposal, vaccination and inoculation protection, exposure to fumes, lifting techniques, post mortem safety, the observance of manufacturers' instructions regarding chemicals and a knowledge of the legal requirements before embalming. The BIE has conducted a survey recently which consisted of 50 questions to conference members at Keele University and aimed to establish the practices adopted in their day-to-day work. It dealt with matters under the headings of Embalming Conditions, Embalming preparation, Embalming Practice and Hygiene. The results will become available early in 1989 and will be included in the Appendix. It is likely that the code of practice may then be amended to take account of the survey results.

The BIE[19] like other professions (or aspiring professions) believes in self-regulation, a sense of calling, service to the public, member autonomy and separate identity as reflected in its own administration, qualifications, local societies and the journal. To end this section, it will be of interest to produce the 'Code of Ethics' in full.

1. I <u>believe</u> the practice of embalming to be in the interest of public health and promise to promote embalming to the best of my ability.

2. I <u>will</u> treat with respect each dead human body.

3. I pledge a complete confidential relationship to those I am called upon to serve.

4. I will endeavour to promote scientific research in the problems affecting embalming.

5. I undertake to abide by the regulations of the British Institute of Embalmers and to support, to the best of my ability, any meetings or gatherings arranged by them.

Significant Case Profiles

The five cases to be now considered reveal much information in the areas of embalmer training, job content, self-perception and occupational socialisation. It is therefore considered prudent with this occupation to defer discussion of the kinds of (individual and group) stigma to which it is likely to be exposed. Outside the medical field, this is the only work which brings an incumbent into direct contact with a dead body. The biographical elements which gave rise to choice and entry into this occupation must therefore be regarded as significant in the life/work histories of the job holders. Whilst this case material will add a great sense of reality and aid the process of 'verstehen' in interpreting the evidence, the identity of the actors must remain confidential and will conveniently be replaced by fictitious names.

Case 1. Miss Stella Biggs,[21] Principal of a privately-run school of funeral directing and embalming. I have met Miss Biggs at the Keele Conference and conducted correspondence with her. Additional information about her has been obtained from other members of the BIE and a BBC Radio 4 taped interview. She is an SRN, and holds all the essential qualifications (MBIE and DipFD) required by practitioners in this Industry, as well as membership of the Royal Society of Health.

Biographical Notes. Miss Biggs became interested in the Funeral profession when she came to live and work in Salisbury. She was then (1966) employed by Wiltshire County Council as a Health Visitor. Accommodation having been difficult to find in the area, she was welcomed into the home of a colleague whose family had a long tradition of Funeral Directing. The principal of the business, then aleady in his 70s and still running the undertaking alone, invited Miss Biggs to help him and his wife. She eventually qualified for the Diploma of the Funeral Directors in 1976 and passed her Embalmer examination in 1980. By this time, she had also completed her teacher training and obtained employment in the local College of Technology, teaching applied sciences. Having also qualified in both funeral directing and embalming, it seemed natural to become a registered tutor in these fields. Before Wiltshire, Miss Biggs trained as an SRN in London at the Royal Free and went on to complete her Midwifery qualification at the Clapton Mothers' Hospital. The training was rounded off by a course in Health Visiting at Southampton University. She still teaches at the College all day and on some evenings as well as holding classes

for the Funeral Directors' Diploma and for Embalmers, and is now also a junior partner in the small family firm referred to above. The firm can cope on average with three cases per day but also takes in embalming work from other undertakers who have no facilities. By her own description, Miss Biggs is (and is said to be) a 'workaholic', considers herself as being naturally bossy, but loves her teaching and tutoring very much.

Occupational Socialisation and Self-Perception

The description that follows refers to a training session of a small group of trainee funeral directors, to whom an embalming job is demonstrated by Miss Biggs. Her illuminating presentation of embalming procedure as she administers the treatment is accompanied by an expression of values and attitudes towards the dead as held by herself, and which (one assumes) she wishes the students to adopt.

> The bereaved find it difficult to believe that death has actually occurred because at first they are stunned and bewildered, and the idea that somebody is never coming back, never sitting at the table again, never talking with them again, is something they find difficult to take if you have lived with that person for a long time. We embalmers are giving the bereaved an opportunity to recognise that death has taken place. We are not beautifying the event, we are not taking it away, we are just giving the survivors

a chance to view the body looking peaceful, comfortable and at rest. (Stella addressing undertakers).

Well, you are looking better, aren't you, that's fine. I know there is nobody in here (the embalming room), I know they have died and I know their soul is no longer in the body, but that does not stop me thinking of them as a person. For their family, they are still husband or wife or child, as may be and they will be until they are able to do the releasing, which is what the job of the embalmer is all about. Untying the bonds of relationship with them and enabling them to say the words that are so precious, like goodbye, I love you, I am sorry.

You see, we are not trying to hide the fact that they are dead; that would be stupid; it would just hold up the process of grief; but in fact seeing somebody and recognising it is dead but comfortable and at peace gives the bereaved a chance to start on the journey of recovery; it is a journey and it often takes a long time, but we are setting their feet along the right path if you like, we are setting it up for them, doing our little bit towards it. That's why I like embalming, it's a service, it's a good job. (That address is a kind of initiation ceremony for the trainee embalmers into the drama to follow).

So, now we are going to test for death, all right, and undress this lady, making quite sure that we have got a modesty cloth in place. The first thing you do is just to wash to eyeballs carefully and

check. You can see the signs of decomposition in the eyes already; keep them closed; that is only right and proper. It is perfectly obvious this body has already died. You are all funeral directors and for most of you, I think, you could honestly say it is a job you thoroughly enjoy doing. What we are doing here in the embalming theatre is just widening the scope.

(Now Miss Biggs continues the dialogue expressing her perception of embalmer work as she undertakes the next steps of handling the body).

As you (the undertakers) already know, our families entrust to us something precious, something very valuable. Yesterday, the person we are going to embalm today was probably still alive and living in her home or in a hospital, and the relatives were talking to her and doing all those personal things that one does with the loved ones. Today, that person is in our care, the family has entrusted her to us and we have got to care if we are going to do the job properly. That's exactly what we have to do, care very much. You see, the family is not here to see what we do, we can do anything and they will not know, or will not see; but we will, and we will know if we have let ourselves and our profession down. That, I think, we have got to get fixed in our minds right at the outset. The other thing we have to remember is that the dead cannot speak for themselves, they are helpless, so because of that perhaps we have a greater charge than ever. And so.....

Immediately under the skin you find the muscle groups and the clavicle that runs up to the temple bone, and the other muscles just by the side of the wind pipe. I'm going to go though that layer, there is a small area of fat there and underneath there would be the vein. Can you see the blood in that vein, it is dark and blue. Now we have just to dissect that out, get it clear from the underlying tissue. One has to be a little careful with somebody who died just a day or two ago, to make sure we don't puncture the vein, and there it is. Can you see, there is still some blood in it, just slip the separator underneath it and there is the vein raised, no problem at all.

It is very easy to talk about bodies when you are an embalmer, and then you stop, thinking of people. To me there really isn't any difference between what I do, if you like almost in love, for the one on the embalming table. Some of these things may be unpleasant, but I am doing it in order to achieve a purpose, the subject of which is there in the chapel. So, hopefully, the dignity of the individual is never out of my head. I pray that it never is because the minute that happens to me, all sorts of things are going to go wrong. Nowadays the dead are rarely laid out at home, but are kept in the funeral parlours until cremation or burial. In the cities some 75% of all dead people are embalmed, although in many cases the relatives are unaware that this has occurred. Undertakers don't use the word 'embalming'. They usually call it 'hygienic treatment' or 'care of the body'. Wherever you go, if you have to fill in a form, somebody somewhere

asks you to state your profession and you say 'Embalmer'. They think you are mad, they think you are some sort of loony; or they say 'what is an embalmer?'. Possibly there might be a tendency for the profession to draw eccentric and slightly strange people towards it, but as an embalmer I do feel that in some way I am separate from the rest of society in as much as I am privileged to deal with a function which is unique. It is possible to have one's own embalming company and work on contract to undertakers. It takes about an hour to embalm a body and the family will be charged (up to some £35 in 1988) as part of the cost of the funeral. The amount of work each case involves varies greatly, depending on the condition of the body at death, but the 'Trade Embalmer' is still paid only a flat rate of some £20 per body.

Now this one is a straight forward female case. I am just washing the body down with a solution of disinfectant in order to kill the surface bacteria. This is to protect ourselves and anyone else who might handle the body after embalming. Hygiene is the one basic aspect of embalming, and obviously, we have to be extremely careful as we can never be sure that a case has not died of or been suffering from a communicable disease.

If you could show somebody the difference between this body which is before embalming and a body after embalming they might understand. Embalming to me it's incredible, I am feeling emotional when I am describing it, talking about it, it's such a wonderful thing. I pretended to be somebody else when I was

initially getting to grips with embalming. In the early stages of my experience when I had to make incisions I did what they told me robotically. I just did it without actually experiencing it. I shut myself off from the experience. Once I had done it a few times, I could manage to release myself from it properly. I do that with anything I find disturbing and this is so initially because we have all been brought up to be disturbed by dead bodies. Everybody thinks a dead body is a terrible thing.

(My note: The occupational socialisation process takes the form of imparting particular values and attitudes. It initiates also the shaping of a distinct ideology about this work, quite apart from the practical dexterity involved in doing it. How the propensity of coping with the manipulation of the body affects, or can affect an embalmer differently in psychological terms, will be shown by the expressed feeling of the cases to follow. But at this stage, Stella now continues to busy herself with the female body on the embalming table).

.....now to put it simply, we replace the blood in the body with embalming fluid, which serves three functions: one is that it aids the preservation of the body and halts temporarily the onset of decomposition. If not cremated, it will eventually decompose and change its appearance. That is the second function. Thirdly, it will make the body hygienic to handle. I am about to insert a tube into the artery. The tube is attached to the pump which gives us the pressure and pushes the fluid into the various areas of the

body and pushes out the blood (which drains off into the sink). I massage the hands to attract the fluid in. Now, can you see the veins raising all along there where the fluid displaces the discolouration, which is hypostasis blood. That should clear, but squeezing sometimes helps to dislodge it. There really is an improvement. They are not people (meaning the dead), they are cold, very cold to touch, that gives an impression of lifelessness. There are no people in this room except yourself. People are warm and you expect it, but to touch a dead person initially is shocking because even if you know they are dead you don't expect the coldness that comes through, despite your wearing gloves. I don't like to touch them without gloves unless they have been embalmed.....(Stella continues to explain).

Embalming is carried out often without the client really knowing. Obviously the funeral director has to obtain some kind of consent from the family to allow it to be carried out. But the work can be done without the client really being aware that anything has happened. So the actual end result is then that the body looks nice and the bereaved are satisfied, which is the important thing. They don't know the embalmer even exists. I like to be the anonymous person behind the scenes who isn't meeting the relatives. I feel introverted myself, but the funeral directors have to be extroverted, have got to meet people, have got to act. I can't act; I don't like meeting the relatives; I would rather be behind the scenes producing the results that are liked, or maybe people are indifferent to, or whatever; I don't like to be out front as

it were, but I do like the results of my work to be up front. The body is the most important part of the funeral, it's the important guest at the funeral and I have got to make horror look right.

The most important part in the embalment is the face because that it what people are interested in; that is what they have come to see. The rest of the body is covered up. It is the face where we have to spend the time. I am now going to sensure up the mouth, sew it up, which involves the passing of a ligature round the sceptum just beneath the lips, then through the nose, back into the mouth and tie it up. You do this in order to keep the mouth shut without any artificial means. A prop for example would look bad, so we do a sensure which can't be seen.

I am by no means a master of embalming. I have been doing it constantly for four years, every single day. Sometimes when I am busy I would do ten cases in a day; and when I am quiet, I do at least three to four a day and that's every day. During particularly busy periods it is easy to imagine that instead of people dying in houses or hospitals, there is some factory producing bodies for us to work on. That is because you are getting them one after another. You ask how we got on with that accident case this morning, the one that was knocked down? Oh, it was difficult. We got hold of the damage all down the right side, cut all the bad flesh away and made it up. They wanted to view it, that was the thing, we had to try and do something with the body, get the features back as they were. We had to be careful, the

bones were all crushed. They should be pleased with our work. Sometimes repair is just impossible. To be quite honest, I didn't think, after what I heard about this case, that one would be able to do anything with it at all. If I resolve to do something, it doesn't matter how terrible it is, or how obnoxious it is, I will do it. It takes a will and determination, so I force myself to do it.

(Stella now lets her hair down, discloses more of her feelings).

I suppose I don't like people that much. I don't actually dislike them; I am indifferent to them. I find people boring if they are not intelligent. I don't prefer dead people to live people or anything like that, but the dead are different, they don't impose themselves on you. That's the thing; they are just there; they are inanimate, they accept things, they are dead bodies; they don't have any views or opinions. You don't have to deal with them or pretend to be anything with them. I think that's how people should be. I know some of you don't agree with me about this, but I actually have some belief in life after death. I think more in terms of reincarnation rather than of some heavenly place where people go to. It seems strange that someone who had a personality is reduced to only a dead body. Look, only yards from where we have been working is a completely different world. People are alive and unaware of death. It's not prominent on their mind at all, yet it's an everyday thing to me. There are two worlds which don't correspond: the world inside the mortuary and me working with

deceased persons all day, and the world outside, where people are going about their business, walking about, driving home, without realising that only yards away there is so much death.

If I could choose, I would live in the middle of a field away from people. I don't want to have contact with them. I don't like going to places where there are lots of people, nor do I like neighbours coming in. Everybody tries to impress you, everybody is acting. Very few people aren't false, obviously me as well. We are all guilty of it. O.K. gentlemen, there is one in the 'fridge. When I, as an embalmer, receive this body to work on it is almost like a sculptor receiving a stone to work on. You have got to, intuitively, see the end result. You are seeing this human body, this lifeless corpse and it is almost as if you have the ability to breath life (albeit illusory) back into the body. That is really the crux of what we are trying to do. With the ordinary, normal, case we are trying in a sense to recreate life. Now for this operation it is necessary to remove gloves. The actual warmth of our hands helps to soften the cosmetic cream. With this straightforward case, less restoration is needed than if it were an accident case. We would then use wax to restore the damaged tissues, and the same would apply if there were some facial cancers. (More to herself.....'While I think of it, we need to order some fluid and incision powder and more wax.....').

While we are in the presence of these deceased persons we tend to wonder how intelligent they were. They are all the same now; it's

a great law of life, is death, and they have all the same expression on their faces, assume the same positions, have the intelligence as Eros (my note: she may have thought of Freud's philosophical conception of dual drives - life instinct associated with Eros and the death instinct associated with Thanatos), that's interesting to me, for I always wonder where they stood in life, what they had achieved and what hierarchical position they held. The hands can often be revealing. Now they have lost all their knowledge, all their experience, everything is gone, it has died with them. A lot of people might be put off embalming because once the body is treated, it is taken away for cremation or burial and no one sees it again. But, remember, the illusion which is created (at the last viewing) lasts, it is a memory which the family carries with them for the rest of their lives.

Case 2. Peter Johnson[22] and I met last year (in May, 1988) at the British Institute of Embalmers' Conference in Windermere. He is the son in a family business of Funeral Directors in which he is active also as an Embalmer. He takes a great interest in the affairs of the Association and is currently the Secretary of the North East Division. In this interview, I was particularly keen to learn about his early experiences as an embalmer and how his young family came to terms with his work.

The founder of the business in South Shields, Tyne and Wear, was R. S. Johnson, Peter's great grandfather, who began as a greengrocer over a hundred years ago in a working class area. He was often asked

to supply small coffins (made from wooden fruit boxes as it was not unusual at that time for families of 13 or 14 to lose more than one in the first year of birth). When his doctor diagnosed chronic asthma due to potato dust, he decided to change his trade to supplying coffins for all ages and established himself as an undertaker. He did this successfully, in a similar way to some thirty other businesses in the area. His sons took over to continue the business through the Depression and two World Wars.

In 1945, Peter's father (a carpenter by trade) decided to introduce building repairs in great demand at that time to help the firm to survive while other firms went under. His mother took over the office work and between them they built up the business. Then years later (in 1968, in fact), due to a compulsory purchase order, they were forced to make a choice between building repairs and funeral work and father chose the funeral work to concentrate on. In 1969, he built a new set of premises, to include mortuary and rest rooms (chapels of rest), which attracted a mixed reception from the public, not least because it was still very unusual for deceased not to lie at home. By this time the number of firms in the area had fallen to less than ten.

Within 6 months, at the age of 19, Peter's parents asked him whether he wanted to join the business. Until that time Peter had been involved as one of the family, helping in the timberyard or sweeping up, and later as a teenager acting as bearer on house or hospital removals, all the time unconsciously appraising the methods used by his father. He decided his father was right in his aims and opted to become part of

the business. A few months later Peter enrolled at an embalming school in London (as also his grandfather had done) and jumped in at the deep end. The school was on a funeral director's premises. In the basement the preparation room measured approximately 20 feet long and 15 wide, with a height of 8 feet. Often three or four embalmers would work in this room, embalming 10 to 15 cases a day. There was no ventilation system and the bodies awaiting treatment were stored on stretchers alongside the walls of the room. The day finished when all the stretchers had gone.

Within a few weeks Peter had lost over 14 lbs in weight, as he struggled to accept the images which haunted him (especially at meal times). As he became proficient at this mixture of art and science called embalming, he found the strongest images not to be in the 'before' stages but in the 'after'. In other words, he tended to remember the peaceful appearance which had replaced the pained expression or the tension from a sudden death or perhaps a slow and lingering one. He realised that by doing the best work he was capable of he had no haunting memories whatever. This only happened after he had worked for some time. During the early stages Peter tried to isolate the work completely from his leisure time. He never ate during the day. In the evening, he had a set procedure: after returning to his lodgings he would bathe thoroughly, and, while dressing, he would take a glass of whiskey; then, on his way to dinner, smoke a small cigar, always taking at least an hour in the fresh air before sitting down to eat. At work Peter would not talk about food, let alone touch

it. His parents had a good idea of what he went through and were very supportive.

During the training Peter was courting his now wife and he has two sons aged 6 and 9 years. They are already understanding when their father is called out at meal times, weekends or holidays. They know there are people who are very upset because someone has died and need help to sort things out. Peter's wife works in the office with him and his co-directors are now his two sisters, making it truly a family business. The family has built up the undertaking so that now there are two other branches in the immediate area of South Tyneside.

The hard lessons Peter learnt during his training in London have helped him to deal with almost anything that now arises. However, every day brings new experiences to be used to make it a better service for the customers, he says. After carrying out treatment of a case he feels a deep sense of satisfaction, particularly when he sees a certain expression on the face of that person. This is the most difficult to explain, since (Peter tries to make clear) he doesn't really know what he is looking for, but has an awareness when it is there. He can only compare it to an artist who may be searching for the right tone of blue for his presentation of the sea or the right green for his leaves. He cannot explain it but when he sees it he knows it. Peter does not really know what image other embalmers wish to achieve but sees himself as a time-served tradesman who uses his years of experience, along with his hands and a trained eye, to provide a service which is of benefit to the community. (Peter's reference here relates to how he feels

about the public image of the embalmer occupation). In his role as a funeral director he feels that the service of embalming is not an entity in its own right but only part of a whole service, to help those who are bereaved and make his task of arranging a funeral as trouble-free as possible. Possibly he is here not at one with the ideology of the BIE which likes to think of itself as a professional body with all the traits that this implies. As indicated above, a letter received in December, 1988 from the Board of Mortuary Science in New Jersey suggests that embalmers hold only a 'quasi' professional status. The occupational status of the embalmer will be probed further in my conclusions below.

Case 3. In contrast to the two previous cases, Graham Husband[23] is an employed embalmer whom I also interviewed at the BIE Conference in Windermere and who most readily answered some follow up questions later addressed to him.

Graham is now 65 years of age and came into embalming via service in the Medical Corps. He originally started out as a carpenter/coffin maker/driver, in the latter capacity taking the dead from the local hospital to the funeral company employing him. It was at the age of six that Graham's father took him from the Rhonda Valley to Cardiff, where now he still resides and works in the employ of James Summers & Sons, Ltd., one of the biggest funeral directors in Cardiff which do in the region of 1,300 embalmings per year. Included in these are hospital cases and autopsies, often difficult and demanding considerable skills on the part of the embalmer to restore a corpse

sufficiently to be recognised and identified by the family. Some autopsies that have found their way to Graham's work station have had their rump cut open from top to bottom or been otherwise mutilated and it has been his gruesome task to stitch, join fractures, suture and seal cuts and cosmeticize the cadaver to restore some human resemblance again.

During his Army service Graham managed to get a good grounding in the subjects of Anatomy and Physiology, as well as training and experience in nursing, all of which proved helpful in an enforced change of career once back in civilian life. With coffins now mass produced coffin makers were no longer needed, so that at the age of 35 embalming provided the logical alternative. The work was hard. During a working day from 9 am to 6 pm Graham did 5 to 6 cases per day. There were, however, also rush periods, particularly in the 3 months from Christmas to March, when he had to do up to 17 cases per day in one year. He had got through 660 cases in that three months, many of them elderly. The number of cases that can be done per day depends very much on the condition they are in. What Graham calls 'straight' cases can be done at about 30 a month and each case will take some 30 minutes to complete. Autopsies may take considerably longer, perhaps an hour or more, and are given only to experienced embalmers. He had to cope with one difficult job recently of a man run over by a train. A friend took photographs of the man before and after Graham's embalming work. (I have had sight of these photographs). The view before is not unlike carved-up meat in a butcher shop, but the finished product looks like a sleeping man with a pleasant face, dressed up with tie in a neat suit.

Of course, it was Graham who did the work, stitching all the various parts together to give back to the man his human identity.

Graham is not a so-called 'trade' embalmer, that is a freelance person on hire to several firms. He is a full-time salaried employee. He started on the theoretical training needed for the BIE qualification at the age of 35 after leaving the Medical Corps. It was easier for him with the background he already had. This training took 12 months (normally attending classes once a week) and is done privately under the tutelage of a qualified embalmer to small groups of trainees. The tutor is usually locally based, but recommended as qualified to undertake the training by the BIE. By way of the practical Graham had to do a minimum of 12 straight cases under supervision and 12 to 18 autopsies, following delivery from hospital, in the presence of the tutor. For the actual examination one case of each is required by way of the practical watched over by a different (external) examiner. The practical training can be done in-house by the employing firm but must be supervised by an authorised tutor.

After doing this work for 19 years does Graham feel the stress, or does he feel in any way emotional when doing the job? Yes, he does get emotional when he gets local people to do whom he has known when they were alive. He does have a feeling about them but tries to remain detached. To come to terms with the stressful implications he has developed a kind of ideology by thinking 'that is the last good thing I can do for that person'. Embalming children also makes an impact on his emotions. As to the standard of doing the job this is laid down by

the BIE, but the respective artistry rests with the individual and the latter can be conscientious or not, although he must aim to please the relatives. Graham confirms that there are only about a thousand qualified embalmers in the country and that there is still a shortage of suitable people. He takes a great interest in the activities of the professional association and participates in meetings and conferences. Indeed, I have evidence of his expert knowledge of customs and rituals as Graham was able to explain to me, for example, why the new President wearing the Blue Riband removed it before receiving the Presidential Chain (the former denoting the status of Vice-President), why the cup a deceased founder member donated was awarded to Inter-Divisional activities but is now awarded for more trivial pursuits, or why someone achieves the honour of being elected Master Fellow (The Company of Fellows may invite a member to join their ranks for past endeavours in Embalming Promotion and the running of the Institute. The election to Master Fellow requires the holding of the Office of Fellow for 3 years, having chaired meetings and made a substantial contribution to the enhancement of the status of the profession). Master Fellows are specially honoured at conference. I also noted (as I sat near Graham at the formal conference dinner) that he possesses all the costly ceremonial dress, badge and other paraphernalia.

Case 4. Paul Tolmer (in this case it has to be a fictitious name to preserve confidentiality)[24] operates his own embalming service for 'Temporary Preservation or Complete Treatment for Shipment'. His staff of six embalmers travel and work in

whatever the locations of the business require among the various funeral directors who are his customers.

This case history strengthens the assumption that those active in this occupation have mostly not planned it originally as a career upon which to embark. Although Paul's father has worked in a hospital mortuary or as an embalmer, Paul had no wish to enter this 'profession' at the time of leaving school. His first job was working for a stock-broking firm and this was followed three years later by a job with a computer company, linking stockbroking to a real-time system. After some five years with this company, Paul's father mentioned that he had too much work and was considering employing another embalmer. At this time and after travelling regularly into the City, Paul expressed an interest if he could cope with the work as it would get him out of the computer rat race. He accompanied his father to see him perform on a couple of occasions and found it a lot less traumatic than he imagined. On the first visit Paul was apprehensive, but after a while the fact that 'they' were dead and any incisions etc could not harm them, and they certainly could not harm him, soon enabled him to come to terms with what was required. Thereafter the handling of the dead bodies seemed very natural and did not worry him. Paul also believes that it helped to have no contact with the grieving relatives and so leaving him quite detached from the personal side of the funeral arrangements.

As far as the management of the business is concerned, when Paul's father reached the age of 65, now some seven years ago, he decided on semi-retirement and confining operations to working with two smaller

funeral directors. At the same time Paul took over the large funeral business, coping with 75% of the work. In the year following, Paul took over the second firm from his father and employed another person to work for him. Twelve months later an opportunity arose to take on more work which also meant increasing staff from one to three. This extra work came about through one of the larger funeral firms and, when later, that firm went public and started a policy of acquisitions it meant new work in Bristol and Worthing as well as taking over a South-West London contract from father. The work at Bristol and, by now, also Bath was sub-contracted to an embalmer who had moved down to that area to live. Soon after, more London work came his way by recommendation. At that stage Paul had 5 full-time embalmers working for him, one also on sub-contract, two part-timers and an additional one he could call upon in emergencies. Certain staff have their own area and organise the work schedules themselves, normally telephoning a funeral director on a Monday morning then attending when required and, before leaving, fixing up the following day's work. In other circumstances the funeral director concerned will 'phone, giving as much notice as possible, and so the day can be arranged as economically as possible.

Now Paul has something to say on direct work routines. In a sense 'Critical Path Analysis' can be applied to embalming. The first thing an embalmer should do is to check that the doctors have seen the body, signed the appropriate forms and that the death has been accepted by the Registrar. Once the legal technicalities have been sorted out and the funeral director has been given permission the embalming process

can begin. The body is placed on the embalming table, undressed and covered with a loose modesty cloth. All the necessary equipment is then placed around for easy access. Some of it will vary depending on whether the body has had an autopsy or not. After injecting the body and suturing the incisions it is washed all over with disinfectant, the hair shampooed if necessary and the features set. The body is then dressed in own clothes or a shroud and the final cosmetics applied. That then is the end of their part of the funeral arrangements, explains Paul, although they will help ease the body into the coffin and carry out a final check before it is placed in the Chapel of Rest.

SOME RESEARCH OBSERVATIONS BASED ON PARTICIPANT OBSERVATION

Before proceeding to the next stage of my interview with Paul, I will now briefly record my personal experience of an embalming which Paul very kindly allowed me to view. My appointment was for early morning late in November at the Middlesex premises of a fairly large independent (that is, not as yet taken over) company of funeral directors. The factory-like grey two-storey block was located deep in a secluded, sparsely-populated, residential complex, with a large shed, parking area and some huts for storage providing additional space. Rather apprehensively I rang the bell and was received by one of the brothers of this family undertaking to whom I explained my business. Whilst he went to look for Paul (who incidentally has a little office and storage space on the premises) I viewed the various framed diplomas gained by the brothers who are the directors of the firm, and

photographs of key events in the history of the undertaking in the reception area. After a while Paul appeared and gave me a quick tour of the premises, ending up in the embalming room where two women aged about 30-35 and dressed in white coats were already preparing for action. The embalming theatre, also sometimes referred to as the mortuary, was equipped with two stainless steel tables, hot and cold water, extractor fan and, built into the wall, some 30 numbered and refrigerated pull-out drawers which could be filled with bodies from another room. These were basically all the fixtures supplied by the funeral director. Paul provided the rest of the equipment, including an electric pump, pressure jar, all surgical instruments, fluids, buckets, plastic bags and cosmetics.

Whilst listening to Paul's explanation why stainless steel tables are preferable to porcelain, two bodies had miraculously appeared on the embalming tables, both completely naked. One, a smallish man with a skinny, almost dried-out body and haggard face; the other, a very large, grey-haired woman of about 60 years. Whereas before the bodies appeared the woman embalmers were cheerfully chatting to Paul and to one another, once these corpses were on the tables the women became very serious and indeed seemed to have aged by ten years. By now Paul was also wearing a white coat and so was I as the embalming session was about to begin. I watched what was happening to the large woman. After she had been injected and disinfected the embalmer pushed a two-foot thin pipe with a spiked end into her body just below the navel and then right up the abdomen higher and higher to near the throat, whilst at the same time moving the spike in a circular motion. Now the pump

started working, draining a dark-red liquid via the rubber hose attached to the tube inside the woman's body into the sink. There was a slight smell of formaldehyde in the room which made one's eyes water. These two bodies were what are considered 'straight' cases. The rest of the proceedings as to cosmeticising took place as routinely described above. Paul then took me to another room to show me the contents of a coffin just delivered from Italy. They don't embalm there but freeze the coffin underneath for the purpose of short preservation whilst in transit. The lid was opened and I saw a middle-aged man in sports trunks with a rather mutilated face in dry blood. The man had been killed in an accident. Paul considered this one a more complex case and complained about Italian practices of preservation and the condition of the body. When earlier I was introduced to one of the senior directors, to whom Paul explained the purpose of my visit, he did seem very concerned, asking whether I had seen a dead body before and suggesting that I should perhaps not be shown an autopsy case. Maybe just as well, as this experience is one I shall not soon forget.

The two women are qualified embalmers and are not normally supervised by Paul, who, being their employer, comes only occasionally to check that the funeral directors are satisfied. Before the conclusion of my interview, I had some more questions to put. These concerned equipment, the role of the so-called 'cowboys' in the profession, occupational changes and image. Stainless steel tables in the embalming room are much preferred to porcelain because they are moveable and can be raised and lowered. They are also easier to clean

and do not crack or chip like porcelain and are thus less likely to breed bacteria. The number of embalmers working in a theatre depends on the size of the premises. (This point will, however, assume some significance later when deskilling is discussed). When working on their own without interference from outsiders like chauffeurs, office staff, etc, they would not normally cover the body with a modesty cloth. Indeed, at times it would get in the way, especially when doing posted bodies, explains Paul.

As to cowboys, unfortunately as with others, this profession has a number of these. They are people motivated by money which means having to embalm a larger number of cases per day, more than can be done properly. This is a problem which some of the funeral directors have brought upon themselves by paying too low a rate per body. Embalmers in a way are like nurses, says Paul, in that those who do good and conscientious work are interested in the scientific aspects of it, in the reward of self-satisfaction and are prepared to work for less money than they could get elsewhere. This is not how it should be. Cowboys are normally self-employed, and funeral directors who employ them to do embalming as well as other jobs are usually satisfied with just a facial in a number of cases and this isn't ethical either. The British Institute of Embalmers finds it difficult to exercise much control over the cowboy operators and it has no control at all over funeral directors who are willing to employ them. As is usual in business, the funeral director will add a percentage to the price charged by the embalmer (use of premises and storage space) and pass this on to the customer. It would seem to Paul, therefore, that with certain

companies there is more interest in the quantity of cases embalmed rather than quality.

As to the problem of professional status and recognition, the attainment of a Royal Charter or the like has been subject to discussion on and off for over twenty years. One of the setbacks mentioned at the Keele Educational Conference in an earlier year was that the BIE did not have its own premises or headquarters, but this it now has. Paul considers that the educational side needs to be improved with better and more practical tuition. It would also appear that recognition is constrained unless the Institute is prepared to join forces with the two funeral director bodies (the NAFD and the BIFD), requiring at least a close working relationship with these and other associations, if the future outlook is to be improved. The image of the profession Paul would like it to have is that of skilled members and he would welcome the day when a relative of the deceased walks in to arrange a funeral and insists on embalming. Hopefully, he would also like the bereaved to be in possession of a list of skilled local embalmers from which to choose. In emphasizing skill, Paul finds the most pleasant aspect of the work in the satisfaction he gets from a job well done, especially noticeable when a bad accident case can be dramatically improved. What he finds most irritating is having to wait for doctors to sign papers in the hospitals which delays the release of the bodies by a day or two and also having to take the same period of time to check a body laying at a funeral directors' premises.

Case 5. This case deals with an attempt at 'Assembly-line Embalming' as related to me by one Consulting Engineer who had some involvement in the experiment on the technical side. All the sources of information and the firm concerned must remain anonymous.[25]

One of the larger firms of funeral directors hit on the idea that maybe mass embalming by way of a division of labour could increase productivity and save costs. A consulting engineer was enlisted to design a suitable technology to make such an operation possible. The mechanism was intended by the pressing of a button to shift one body in a row to the next space to be worked upon. The picture as described to me is as follows: the large embalming theatre contains, say, six (or more) embalming tables, one next to the other, connected by an electrically pulley-operated conveyor belt. When a body lands on the first table, the embalmer allocated to that table would embark on the first operation (which may be propping up the head, shutting eyes and undressing). A button would then be pressed to activate a mechanism to shift the body to table two, when the next embalmer would do his/her bit (maybe, wash the body down with disinfectant). Again a button would be pressed to move the body to the third table where the next embalming task would be carried out. By the time the body reaches table six the full embalming job would have been done by the six embalmers attached to each of the tables. As soon as a body moves from the first table to the next, a new body would fill the space on table one. In this way, there would be a continuous flow of bodies moving along the line in the way in which Charley Chaplin demonstrated in his

film 'Modern Times', some fifty years ago, when even a sneeze or a cough of one of the assembly line workers would disrupt the production flow. The principle is the same, with the difference that no embalmer would be able to leave the station for coffee from a vending machine or call of nature without 'putting a spanner into the works'.

When a body has reached table six and the last embalmer has done his/her part (which may be a shave, quick shampoo or the application of some final cosmetics to the face), the body is transported down a shoot, one after the other, to the ground floor of the building, once more sufficiently time-controlled to enable the funeral workers at the receiving end to place it into one of the appropriately marked row of coffins. I should like to stress that the whole project was an experiment (if innovation it be), and had it but worked satisfactorily would undoubtedly have been a cost-saving operation, almost analoguos to the classic example of Adam Smith's pins in 1776, except that all sorts of problems can arise when the commodity is human bodies. Unfortunately (or fortunately, perhaps) in this case disaster struck. The pulley propelling the bodies down the shoot broke one day and with the conveyor belt now out of control it gathered such speed as to cause one body after another to spill out into the street. That event, and the prospect of a public spectacle had this been seen, seemingly so alarmed the undertaker concerned that the project was abandoned there and then.

Another effect of this experiment was to debase the professional status of the embalmer occupation by way of de-skilling. This particular kind

of impact of technological change on some work routines has received attention by such sociological writers as Daniel Bell[26] and Harry Braverman[27] during the 1960s and 1970s, and latterly in the works of Stephen Wood (1981)[28] and Paul Thompson (1983).[29] Bell visualized the emergence of a service society in which technicians are prominent and economic class conflict (as predicted by Marx) is replaced by communal concerns such as health. Were such sentiments transplanted to apply to embalmers and undertakers one could well regard the former as technicians and the latter as aspiring professionals in a service industry which is very much concerned with health hazards. The risks of infection, the use of harmful chemicals, work under post-mortem conditions, the exposure incidental with these occupations is now well documented. (See for example Code of Practice for the Prevention of Infection in Clinical Laboratories and Post-mortem Rooms, HMSO Reprint, 1987).[30] It was, however, Braverman's impressive thesis on the down-grading of certain skills which caused a good deal of academic debate. In his view it is a deliberate strategy on the part of management to de-skill certain jobs by enlisting new technologies which simplify the incumbents' tasks. This enables management to exercise better control and reduce the power of the skilled worker so that he ends up proletarianized rather than a member of the middle class. One can find arguments to counter Braverman's views. Among other writers, Wood and Thompson, for example, indicate how difficult it is to define skill; how de-skilling can be resisted; that it is jobs rather than workers that are being de-skilled, and that new industries may often make certain skills obsolete. After all, says Drucker when talking of the pioneering car assembly-lines, Ford made not one mechanical invention

or discovery; everything mechanical he used was old and well-known. Only his concept of human organisation for work was new (in Beynon, 1973).[31] This seems to touch on a vital factor in the labour process, namely the connection between the physical forces and the social relations in production. Certainly assembly line production is not new; the application of the pulley has been known to engineers since the 1920s but the dehumanization of the work through its fragmentation is a reality that affects incumbents in embalming also. So far, the latter's experiment has failed and the BIE may not be aware that it has been attempted. But a small number of companies in control of most of the funeral industry and burying a large number of bodies may encourage their leaders to try assembly-line embalming again.

'Viewing' the Embalmer Sociologically - An Attempt at Occupational 'Verstehen'

As noted earlier, the historical profile of embalming practices did have meaning in that the early religious beliefs proclaimed immortality and physical resurrection once the elements of life such as the soul, the name, and even the shadow and organs of a man were reunited. The scruples of the early Christians towards mutilation of the corpse were often overcome by a desire to have a worthy person linger on. Bodies had to be attractive enough to lure back the soul, expensive a procedure though it was. By the 18th Century it was more the refusal to accept death and the departure of their loved one by survivors than the belief in after-life that caused them to hang onto the remains. Today, the dead no longer pollute the living and pestilence is no

threat. Instead, commerce and profit and the need to make death 'friendly' for sale has helped the embalmer to carve out a niche for himself. But most of all, as my case studies have shown, corpse technology has now been put at the service of the common people. To better understand the phenomenology of this occupation, an insider look by an outsider (which established contacts as indicated above make possible) has helped to put some of the missing pieces into place.

The immediate objective here is to draw an extensive, multi-dimensional profile of the embalmer occupation, which is viewed as members see themselves. Weber's term of 'Verstehen' is enlisted in the heading above to convey a procedure by which the outsider sociologist can now explain insider meanings and interpretations by incumbents of that occupation, gathered together from many conversations. In the discourse to follow, I may be touching on the reality of actions and motives without, however, necessarily claiming to be always in possession of a complete knowledge of the causes engendering them. As to the validity of the information, most of it has been counterchecked among members in the funeral industry and confirmed in the case discussions. A good start would be the <u>relationship between</u> embalmers and funeral directors. The two conferences which I attended this year (1988) revealed that virtually all the embalmers present were also practising funeral directors. Reliable estimates suggest that nationallly, some 80% are also engaged in other aspects of this industry, such as being bearers or managers. One may assume too that past presidents of the BIE were funeral directors since to devote one's time to all the activities required from a national president means

leaving their own business for a year and needs back-up organisation. Funeral directors hold the embalmer qualification in high esteem and it is for many the sole professional qualification. But once the examinations are passed they prefer to deal with the living and sit in their offices organising. With some 75% of the urban dead (with or without knowledge of the relatives) now being embalmed in this country, this work is important to the funeral director as imposing vehicles and expensive funerary merchandise are of little value if the subject at hand is in an unpleasant state. Funeral directors who are not also embalmers themselves see the latter as just another cog in the machinery of the service run by the director, whereas those who are involved see the embalmer as the technical centre of the entire industry.

Linked to such relationships are status considerations. There is an uneasy co-existence between the professional bodies. As explained earlier, the NAFD is seen as the bosses organisation and the BIFD for those funeral directors who are employees. The Co-op Funeral Service Managers Association also exists alongside the fourth body, which is the BIE. Some will be members of more than one body. Those who are members of only one group, find the others somewhat annoying or unprofessional. The source of this antagonism can be traced to social and economic causes. To begin with, there is, for structural reasons, a good deal of status envy since the funeral directors as managers of whatever organisation, who are not owner funeral directors, find themselves more lowly placed and remuneratively less well endowed. As to embalmers, whilst they have to be initially better qualified than

funeral directors to be allowed to embark on more advanced study, they work mostly in an employed capacity owing to the nature of the job and so see themselves still further down the status hierarchy compared to the 'paper shufflers'. Many funeral directors concede that the embalmer is the technical hub around which the industry revolves and they understand the logic that expensive vehicles and coffins/caskets are unnecessary if the subject is in a less than pleasant condition.

Linked to status is the public image towards which the BIE is very sensitive, as a recent incident has shown. Correspondence with the BIE National General Secretary and questioning members of the trade and public revealed the latter to be quite vague about what an embalmer is and does. Parallel with this tendency, embalmers were not averse to 'passing' (to use Goffman's term) so as to hide their potential discredibility should more about their activities become known. All this is to be seen in the context of what Becker (1973)[32] called the impossible paradox: the ever-present fear of death in the normal biological functioning of our instinct of self-preservation alongside our utter obliviousness to this fear in our conscious life. Thus, in the normal course of life, we don't want to think about death and don't want to know of, or have contact with, death. Currently, this complete screen of taboos has given way to the need for death education (more so in America, see Kastenbaum, 1981)[33] and attention from the media. This tendency has contributed to making embalming more visible, although not presented in a manner in which this so-called quasi-profession would wish to give its approval.

A lively debate ensued during the conference last May (1988) at the A.G.M. meeting in Windermere over the BBC 2 programme "Secret Services: The Embalmers" and a Capital Radio programme on the same subject. Great concern was expressed by a large number of members that the Institute in particular and Embalmers in general had been discredited. Some members were appalled by what was shown on TV by participating members of the BIE and those taking part in the radio broadcast, with the latter particularly designed to do maximum damage to relationships between the Institute, funeral directors and the public. The National General Secretary of the BIE (who is also the PRO of the Institute) explained that in his capacity as PRO he and the officers of the Executive Committee had been approached by the BBC 2 producers to see if there was any objection to the producton of a TV film on embalming. After discussion, it was thought to be in the Institute's interest to permit the making of such a film. Certain guidelines were drawn up and the name of an experienced embalming tutor was suggested as participant by the BIE. Concerning the Capital Radio programme, there was no consultation at all. To cut the story short, voices were identified, disciplinary action taken and reprimands and resignations followed. Subsequently, there was also correspondence with the Editor of the Embalmer Journal[34] in which the BBC 2 film was criticised as the loss of a golden opportunity to present a brilliant public relations programme for viewing on BBC. Instead, the care side was shattered by the way cadavers were lifted off stretchers and dumped on the embalming table; the film was also spoiled by showing the trade embalmer looking rather like a plumber with no tie and open neck shirt, nor was it mentioned that the views he expressed were his own and not the general

views of the professional embalmer, speaking in the degrading way of the dead as he did. Other points were the showing of the mouth being casually stuffed with cotton wool and the pouring away of the drainage. One member now wants another programme to be made which is less casual, showing the best techniques, does not mislead (in suggesting that embalming takes place without express permission from the next-of-kin), and avoids the adverse reactions he has already had from local residents and friends who have seen this film.

Thus, the 'coming out' of the embalmer has been somewhat marred. The broadcast on Capital Radio raised additional issues, namely undermining the public confidence in an emerging profession by identifying a cowboy element. This member appeared without the Institute's knowledge and gave credence to a production that basically sought to 'knock' the funeral industry. This caused not a little embarrassment also to the NAFD, with whom the BIE have close links. Every profession has its (so-called) 'cowboy' element and this was an instance of its bad practices being publicised. It is because this whole industry revolves around what is essentially a rather personal service, the curiosity created by a largely covert organisation in the public mind is quite substantial. In this case, media interest was not slow to exploit the sensational. Occupationally organised membership in this Industry is relatively small. The total of undertakers and embalmers is just over 4,000, compared with, say chartered accountants well over 50,000. Hence, there is insufficient occupational and financial strength to afford full-time officers to concern themselves with public relations. The need for such an animal is often enough debated in committees. By

and large, such an officer would be supposed to present the Institute in a positive way and create in the public mind an acceptable image. The use of the word 'supposed' (so embalmers tell me informally) reflects the fact that many of them and also funeral directors are not really aware of the existence of such an office. Many of these, often nominal appointees, are also area or national secretaries and so the dual nature of the task becomes submerged or forgotten.

Another of the means by an association to exercise control over the professional behaviour of its members is to conduct a sample survey of how they do their work. To achieve this end, a questionnaire has been given to each member present at the Keele 1988 Education Conference in September. The questionnaire (of which a copy is included in the appendix) covers four main areas: Embalming Conditions, Embalming Preparation, Embalming Practice and Hygiene. I am advised that some 90% of those present completed it, which very roughly calculated before official analysis and publication among members, makes it 18% of the total membership nationally. Each area consisted of ten questions, except embalming practice, which required twenty to be answered, making it 50 questions in all. Embalming conditions are usually at the gift of the funeral director. The answers here revealed that 23% do not have an adequate extractor in the embalming room; 14% that this room is not easily cleaned or disinfected; 12% that this room is not big enough to cope with the volume of work; 15% that no wash basin is in the room; and 24% that the embalming room has no fresh air vents or possibility to open windows. So on average, there is scope for improving the conditions in over 17% of the places in which embalmers

are working. As regards preparation, it may be of concern that 57% do not wash or disinfect the entire body before embalming; that 19% do not cover the genital area in each case; that 36% would not refer to a specialist textbook before starting a difficult case; and that 46% do not test for death before starting to embalm. This last item is interesting in the light of a report in the Embalmer journal of January, 1988 entitled 'Widow in Coffin was still alive'. The 94 year old woman had been brought to the chapel of rest in a hearse after a doctor certified her dead. An undertaker's assistant, on checking the body, was horrified to find her still breathing. Mrs. X was later taken from the funeral home to a local hospital where (incidentally) one of her relatives is a consultant surgeon which, said the hospital spokesman, makes the situation particularly distressing. Had the undertaker's assistant not noticed, Mrs. X might quite easily have ended up on the embalmer's table. Checking for death appears, therefore, to be a vital function.[35]

Some of the embalming practice questions are very technical on which lay people are not the best judges of what is good practice.[36] I will give some examples, the responses to which can be found in the appendix. Does the embalmer trouble to raise a second artery in the event of poor circulation; is cavity fluid always used in each case; and arterial fluid injected at the same pressure; are the trunk walls routinely hypodermically treated in autopsied cases; is sealing powder or formaline cream used on incisions? Some responses in this section may, however, worry lay persons. Only 50% routinely disinfect aspirated material before flushing away; 30% only inject enough fluid

into a case to 'hold' until the funeral; and 6% knowingly embalm infectious cases without taking proper precautions. Finally, the batch of hygiene questions also yielded some important information, namely, that 27% do not disinfect their instruments after each case; that 24% do not have free and full access to a suitable incinerator; that the floor of the embalming room is not washed once a week in the case of 18%; that 10% do not always wear protective clothing while embalming; and that 8% smoke and drink in the embalming room. The BIE does, of course, issue a Code of Health & Safety for the Funeral Service, prepared by a Doctor for the entire Industry, although tighter control upon the practices of individual members (to say nothing of a cowboy element) may be difficult to enforce. The survey shows that between 80 to 90% are thoroughly professional in the way they perform their work and that, on the evidence of Educational Conferences and the meticulously enforced examination system, the BIE takes the observances of best standards very seriously. It is also notable from the most recent issue of the Embalmer (the bi-monthly publication of February, 1989) that a revised Code of Practice and a Warning Display Poster on the use of a Formaldehyde Solution are enclosed, one is disposed to assume, as a direct outcome of the survey results.

Lay people frequently suggest that mistakes on the part played by the embalmer are of little consequence since not much damage can be done to a person already dead. This is fallacious thinking. Newly-qualified embalmers particularly experience psychological traumas such as emotional disturbance and the fear of mistakes, as well as the physical stress effects of sleeplessness, dizziness and a loss of appetite. One

experienced embalmer (Philip Gore, 1988) explains that the trauma was for him quite intense when first confronted with the embalment of a dead body. The feeling of dizziness and the disturbance tended to pass after several cases. It will be recalled from Peter Johnson's case (Case 2 above) that he had lost 14 lbs in weight during the early stages of his involvement with embalming as he struggled to accept the images which haunted him. Not many embalmers are keen or ready to talk about these experiences. As to things going wrong this is, I am advised, a distinct possibility. It can occur basically along two main lines: firstly, if too much fluid is circulated around the tissues it will lead to distention and non-reversible disfigurement; secondly, overdehydration, which will leave the body in a overly well-embalmed state although virtually unpresentable to viewing. Thus, the embalmer has to judge between too much circulation and disfigurement or too little circulation and decomposition.

Manual dexterity is of great importance to an embalmer since so many pieces of equipment have to be manipulated and applied to various parts of the subject in the course of the work although I am advised this quality is not reflected in remuneration or status. Some examples will illustrate the application or dexterity in combination with artistry, particularly under post-mortem conditions. In one case the embalmer was asked to substitute a leg that had been amputated, so that the young man could be dressed in his wedding suit. This was done with the help of a pair of ladies tights, newspaper and polyfiller. Individual ingenuity is a distinct by-product of the job. The two most common suicides to the embalmer are death from carbon monoxide poison and

death from hanging. In both cases a post-mortem will be carried out. Discolouration thereafter will remain in both. Knowing the right solution to use for the former will readily restore colour as the blood will not easily clot. The second case is totally different as there will be a mass of congested blood in the neck and face. Here care and patience is needed to wash out with the right solution damaged tissues and firm it up. Whatever the cause of sudden death, the embalmer is the only restorer there is. Without spine, limbs or eyes (although seldom removed in autopsy study), the human form is altered and diminished. Without ribs, the dead person is a frail manikin. Without jaw, the human form is a grotesque mask. For the body to be viewed in such a condition by even the most generous purveyors of identity (the deceased's love ones) spells nothing short of disaster. Embalming can vary from a 100% to a rather meagre number. It is estimated that some 75% of people who die in towns and cities are undergoing embalment, of which between 10 and 20% are autopsies.

How members of this occupation perceive their work and themselves cuts across all the variables already considered and shines quite forcefully through in the foregoing cases studies. Unlike the funeral director, the embalmer does not play a multiple role. The modern embalmer tries to establish a kind of benevolent rapport with the body in his care. (I know you were once a person with a biography, but now you lie there on the table helpless, can't talk back and I have to sterilize, cut you, clamp you, stitch you; your body is all bloody, your skull open, your mouth open, your eyeballs staring, and me tinkering with your organs and tissues. Never you mind, I will make you look good, beautiful for

your mourners to view). And so it goes in the embalming room, one after the other, straight cases and autopsies, each and every day, week in, week out. Corpses are marginal people, they have to be shown respect. The BBC programme ('Secret Services - The Embalmers')[37] showed practitioners in green coats, rubber aprons and rubber gloves, facial expressions grim and serious. One male embalmer expressing his feelings about the job opined that embalmers are strange, eccentric people who don't feel separated from the dead; they feel emotional about their function which is unique; embalming is such a wonderful act. Initially, this man felt lost and disturbed about the work. The interviewer got him talking freely and possibly caught him off his guard. He said that the work can be done without the client knowing, with the end result that people are satisfied. The dead are not people, he does not like touching them without gloves; he wants to be anonymous himself but likes the results of his work up front. A second interviewee considered the work obnoxious, requiring strength of will, having to force oneself to do it; but, dead people don't impose themselves on you, you do not have to pretend, you can be yourself; it's like carving a stone; it's re-creating life for viewing, that is the crux of the matter.....As already shown above, the BIE were none too pleased with some of the sentiments expressed about the profession to millions of public viewers and reviewers.

To establish a definite pattern of self-perception about embalming work would be a separate research objective in its own right for a psychologist. My pilot tests aimed at some modicum of understanding of the values and attitudes from a cross-section of occupational members

who could articulate their feelings manifested in the job, of which the latent effects on personality are as yet largely unknown. The world of the embalmer is hidden from public view and most people have been found to have an entirely wrong preconception of what the occupation of the modern embalmer entails. Indeed, most of the casual questioning of a public mix associated embalming only with preservation of the body in the way in which the early Egyptians practised mummification. Hence those who did watch the BBC film were somewhat shocked to find the embalmers art presented as a job for introverts, who can stand the touch of cold flesh and are not given to sudden revulsion or unseemly shouts of mirth. (Observer, 24.4.88).[38] The embalmers themselves believe that their work is of similar manipulative dexterity to surgery, and there are a number who describe themselves as being on the perimeter of the medical profession, with cosmetology thrown in as a separate skill that can make the face of a dead person smile. The need for a fully trained public relations officer is now acknowledged and it is only financial means which prevents an immediate such appointment. Also, to partly alleviate this disadvantage and enhance professional prestige, there has quite recently been a proposal to amalgamate with the British Institute of Funeral Directors (the employee side of funeral direction) and the matter is currently (February, 1989) under serious review.[39]

Structurally speaking, the BIE has at November, 1988, 1,425 members, of which the proportion of females is approximately 15%. Normal recruitment is about 70 members per annum, but despite wastage and resignations or removals has shown a slow net increase of membership

over the last few years. The BIE has never carried out a census to ascertain how many members are also funeral directors. The National General Secretary advises that the profession is still short of qualified embalmers (partly because of unqualified practitioners and partly because of qualified employers not practising) and could do with double the existing number of working embalmers. As it is, existing members (and an unknown quantity of unqualified) embalm some 75% of all annual dead, that is not far short of half a million bodies. The age structure varies from area to area and can only be estimated in the absence of a census. (Under 30 years of age 30%, age 31 to 50 taken as 25%, 51 to 65 also 25%, leaving the over 65s with 20%). Ethnic membership is estimated at 5%.

Merton's 'role-set' may now be a somewhat dated concept, but as it relates an array of roles with a given position and, by so doing, specifies particular expected behaviour patterns, it is still helpful here in the context of an embalmer's contact structure. Role-partners are few for the embalmer as an individual. Externally to the work place he relates to his suppliers; but work is usually done in isolation other than negotiating a necessary contractual relationship with the funeral director, or if an entrepreneur contact is maintained with other embalmers in the trade. There is, however, also an associational contact structure across national boundaries. The BIE maintains cordial relations with the NAFD, the BIFD, the Co-op Managers Association, the International Federation of Thanatologists Associations, the Embalming Institutes of Belgium and France, and the National Funeral Association of America. Furthermore, reciprocal

rights exist with the Australian Institute of Embalmers and negotiations with the New Zealand Institute are under way, although the British qualification is at the moment not fully accepted without further examinations. Apart from the known objectives of recommending fees and serving as a mechanism for the exchange and dissemination of new information and methods of work, concerns with post-training socialisation endeavours and a degree of control over members, these learned bodies also function to achieve what in anthropological circles is known as the 'rites of intensification' aimed at reinforcing a sense of identity of members who in their work activities may actually be in competition.

General recognition that the BIE is the professional association representing the qualified embalmers is not tantamount to having already attained the professional status the BIE desires for itself. This raises a number of issues of interest to sociologists researching occupations and will be considered in greater detail as a part of the concluding observations at the end of this chapter. Using the so-called checklist approach by which professions in sociological literature are distinguished from non-professions, one finds in the sum of numerous characteristics (see Saunders, Embalmer Journal, September, 1988, pp 3-4)[40] that these are predominantly met. Broadly speaking they relate to skills supported by practical knowledge tested by examination; the provison of recognised training and education underpinned by an ideology of service to the community; and efficient headquarters or administrative set-up capable of looking after the interest of members which support it financially by subscription; and

a code of ethics to which members subscribe and by which their conduct is controlled. Yet attempts to make embalming a closed profession and/or to obtain a Royal Charter have so far met with failure. Classification-wise, OPCS merges the occupation in the 1981 Census with 'Service, Sport and Recreation Workers'[41] and so does not accord it a deserving identity. As against that, the Department of Employment in its 1982 Supplement of Occupational Titles[42] is doing embalmers proud. It offers such a precise and meaningful definition of the job as to convince any person reading this that considerable practical skills as well as a good knowledge of human anatomy and micro-biology is a part of the essential equipment for this work.

The embalmer is exposed to <u>health hazards</u> which add the element of risk to this gruesome activity. A common chemical in use is formaldehyde, which even in low concentrations causes throat, eye and nose irritation. As the airborne vapourisation increases, the symptoms become more severe and the irritation spreads to the lower respiratory system. High concentrations have resulted in pulmonary edema and pneumonia and are potentially fatal if exposure lasts 30 minutes or longer. This chemical is also a well known sensitizer causing allergies and long-term exposure is believed to increase the risk of nasal cancer. American studies cited in the preamble to the new federal OSHA standard report show that dermatitis, sinus problems, asthma, and both acute and chronic bronchitis are common problems among embalmers. (FSJ February, 1989, pp 29-30).[43] Over the years, many studies have been conducted regarding the infectious nature of dead human remains. One of these (at Wayne State University)[44] showed

organisms to multiply at a logarithmic rate, and those found in brain tissue, sterile during life, to have produced such contagious diseases as diphtheria or meningocci bacteria in remains that were actually certified to have died of causes other than contagion. This proved that there is a proliferation and translocation of micro-organisms in the dead host. Whilst much has been written about the embalming of AIDS bodies,[45] it is Hepatitis that causes the most worry in that it is more dangerous to the embalmer than any other disease that may be encountered. It is more prevalent, very virulent and scratches, pricks or inhaling airborne droplets make for easy infection. Hospitals are supposed to tag both radio-active and infectious bodies but are sometimes negligent in this duty. Embalmers should, of course, ensure that they have valid vaccination and innoculation protection. Handling infectious cases can also increase considerably the expense of the protective equipment needed. The first-call vehicle should have disposable sheets, a plastic pouch is ever present, rubber gloves should be carried even if only a suspect AIDS case is removed. Another sheet to cover the body after handling is required before zipping up the plastic pouch. Upon return from the funeral home and before removal from the pouch onto the embalming table, the handler needs a properly garbed AIDS dress consisting of: a disposable-type scrub suit, plastic apron, double rubber gloves, shoe covering, hair covering and a face mask.

As a final part of the occupational profile one cannot ignore the state of developing technology and how this might affect this near-profession. It is, to begin with, necessary to clear up some confusion

in terminology. The kind of 'freezing' from below a coffin, as is often used by European countries for transportation of a corpse should not be confused with 'refrigeration'. The former is a short-term substitute for embalming whereas the latter is the maintenance of a low temperature to slow down decomposition. The net result after 7 to 10 days may well be the same. 'Isotonic' embalming also creates a confusion of meaning. It is really a dressed-up term for the injection of preservation fluids through the veins whereas 'normal' embalming uses the arteries for the injection. An idea currently marketed in America (where else?) is 'suspended animation', or, to use the technical term, '<u>cryonic suspension</u>'.[46] This is a process of maintaining intact the dead human person in order to re-animate when scientific progress allows so that some future cure for the disorder can be applied. This treatment involves the infusion of tissue bathing fluid designed to flush away the metabolic by-products experienced in cellular death, and so hopefully maintain the state favourable to re-animation. Here, the subject is kept in a deep frozen condition in liquid nitrogen to maintain the completeness of the human form. As a potential subject approaches the time of death the team of Cryobiologists should be on hand to start the process of infusion as soon as death has occurred (that is, an appreciable time before molecular and cellular death takes place). It is really at the point of infusion at which the similarity between the embalmer and the cryonicist diverges. The embalmer's task is to infuse a solution designed to chemically change the tissues of the subject and thereby make most unlikely a possibility of re-animation. The cryonicist, on the other hand, injects the fluid used to maintain the tissue in a

life-continuing state, between the condition of 'official' death and the process of rapid deep-freeze. Thus the handiwork of the embalmer is quite the antithesis of the cryonicist. A most interesting theoretical construct that may be posed is for the embalmer to aspire to cryonicistship if his/her original services are no longer in vogue. If a re-animated person subsequently dies again, cryonic encapsulation could be repeated in the hope that the second cause of death will be conquered before bringing that person back to life. This proposition does not bode well for the profession of funeral director.

A second technological development, again originating from our cousins across the sea, which may be instrumental in causing a major change in the British way of death is '<u>mummification</u>'.[47] Introduced by a company of Salt Lake City, Utah, in 1985, it is the only organisation in the world which has patented this method of preservation now about to be offered in this country. Based on some ten years' research, the process is being taught in mortuary science schools and is said to have aroused world-wide interest, from Scotland to Australia. A hundred Americans have already signed contracts, explains Mr. Corky Ra, the firm's president and the basic cost roughly converted runs from £5,000 to £7,500. Luxuries can, however, add to the cost. Placing the body in a mummiform (an inert gas-containing casket moulded in human shape) can start as cheaply as £17,000. If the customer requires the mummiform to be encrusted with rubies and diamonds the firm can also deal with that. This, like suspended animation, is a post-Mitford development and she might well have commented on the sales techniques had she been writing on this industry today. In the founder's view, he

confidently expects the concept to take off as the public becomes aware of the benefits a deceased consumer can derive from being a mummy, as opposed to a regular civilian corpse. According to the sales brochure of this company, mummification is the only form of permanent body preservation and will allow one to leave this life in as beautiful a manner as when coming into it. With conventional methods even a youthful-looking corpse will appear unattractive after just a short time in the coffin environment. A person decomposes in two weeks (notes the proprietor with disapproval) and the formaldehyde just slows it down. But now, thanks to mummification, the deceased consumer can attain that certain look previously only attainable by ancient dead Egyptians, still basking in the compliments of a steady stream of museum visitors. Can you really put a price on such a benefit, asks Mr. Ra? As to the technical implications, explains Mr. Amen Ra (who incidentally changed his name from Claude Nowell in 1980), much is involved here. Firstly, the entire body must be soaked for up to two months (depending on condition) in a secret solution. Further stages are involved in the patented process, one of which is to wrap the consumer in plastic. Questioned on how successful his business has been so far, the proprietor let it be known that no actual paying humans have as yet been mummified, although Oscar, his former cat, has been processed and is now resting in the firm's specially constructed pyramid. The British funeral industry is still recovering from its bewilderment by this new technique although the BIE National Secretary is interested. It is quite feasible that the embalmers of the present could become the cryonicists and mummifiers of the future given the injection of new modules of study as a basis for new kinds of training.

To revert back from speculatively-futuristic considerations to the recent past, one funeral director (at the 1988 Keele Conference) still remembers adverts for card ice, which was used to slow down the rate of decomposition, some 50 years ago. So then there was clearly still sufficient demand for this Victorian practice. The Embalmer journal regularly publishes articles on methods, practices, application of new chemicals and factors influencing embalming results and there is a Technical Editor giving special attention to these matters. There has been considerable progress in the field of Cosmetology[48] with a new range of creams produced by a Belgian company to be selectively applied according to the ethnic origin of the body, creams for youth, old age, and adult-enhancing shades. The whole subject has gained recognition under the heading of 'Restorative Art'. A very recent innovation is known as 'Plastination'.[49] This may be defined as creating life-like, lasting specimen organisms from real organs of deceased persons. The doctor tells the patient nearing his end that instead of having the organs rotting away, they could be permanently preserved and be put to good use to help in medical education. Thus, if a human body is accepted for embalming, it is also accepted for plastination and the embalmer may then be instrumental in the extraction of the required organs. On a good day, the doctor (who gave the lecture to the insiders at Keele) may get two bodies of people who die in hospital. In some cases the relatives as well as the patient have to agree. The plastination processing of organs goes through four stages; fixation, dehydration, force impregnation (by machine), and curing. It is expensive in terms of capital cost and materials. To create, say, the sheet-plastination (using silicon material) of a human heart can alone

cost $60, not counting labour or capital costs. Such sheet transparencies can be used as visual aids on an overhead projector.

The BIE encourage, sponsor and instigate research which the symposium at Keele made abundantly clear. The institute has its own researchers in the field (usually professional embalmers such as Lear and Lee Fulton Embalming School at Longdon Hills together with Messrs. Hulme & Co. (Chemists) Ltd.). There is much information exchange between the American Institute of Embalmers and the BIE have an Education Committee which sets the syllabus for the students (and 30 registered embalming tutors in England), reviewing it as new methods are introduced.

Concluding Observations

In the case of embalmers one can most loosely talk about an occupational situs (first used by Hatt, 1950)[50] as they can be grouped with a cluster of occupations in the same service industry. There are, nevertheless, considerable distinguishing characteristics between embalmers and funeral directors which makes a construction of occupational families for the purpose of meaningful comparison on the basis of status less useful here. Hatt employed the situs concept to overcome the difficulties in the hierarchical ranking of occupations as to their status and prestige, rendered abortive by the practice of some subsequent attempts at scaling (for example Nam and Powers, 1968)[51] to lump the two occupations of embalmer and funeral director together. There is, however, a further feature that occupational situs research has not fully explored which is intra-occupational status and prestige.

Dunkerley (1975)[52] put forward this idea and he argues that professional members can occupy a theoretically equal status position with their colleagues and yet in practice be rated by different pecking order, based not so much on differential specialised knowledge (assuming all embalmers acquire the BIE qualification) as on grounds of seniority and reputation they have carved out for themselves within the profession. This point makes it expedient to present a suggested <u>embalmer typology</u> now and develop derivations from it in the discourse to follow.

(a)	The Funeral Director/Embalmer:	holds the position of senior partner or director in the business; has worked hard to pass the BIE examinations and that was enough. Embalming work is delegated to others in the firm or on hire and the incumbent now likes to sit mostly in the office organising funerals, and dealing with the living.

(b)	The Propeller:	frequently the son in a small family business, may or may not be qualified with a Dip.F.D., but usually has the BIE membership. With father getting old, he is now the livewire of the business, possibly with a brother and/or sister. Mother might work in the office. This son has to muck in, is part of it all, has to lend a hand with embalming to make the venture viable.
(c)	The Committed Artist:	the job is beautiful; it is an art; restoration is mode of the day; the more the merrier; bring them on, I will put them right. Virtually loves the dead.

(d)	The Professional:	has long experience, mainly as qualified employee; can deal with all manner of difficult cases, and for whom it is a craft, like woodwork.
(e)	The Pragmatist:	came into embalming from another (possibly redundanat) occupation. It may be a dismal trade but somebody has to do it, and it is a living.
(f)	The Entrepreneur:	no longer does embalming himself. Has built up a business with a small staff of embalmers he supervises. Has regular customers and contacts, and copes with the admin. work.
(g)	The Cowboy:	less reputable undertakers will employ this person; undercuts the qualified; touches

up the dead on the cheap;
can do a quick job - earn
good money.

The position is one of diversity, contrast and ambivalence. We have in this typology of occupational power at the upper end categories (a), (b) and (f). It is the funeral directors who jostle for the leading positions in the Embalming Institute. They speak at and organise conferences, run local groups, act as editors of the journal, write articles and eventually become 'Master Fellows'. They are all successful as founders or inheritors of their own undertakings and in a position to take time off to attend to professional activities. The categories at the lower end of the scale are typically illustrated by a Funeral Historian I have met:

"You ask how Hodgson caters for embalming. I can only speak from my knowledge of his Oaklands Funeral Home in Handsworth. Here they have a glorified outhouse (no, I'm being mean for it is a purpose-built room with chillers on the site), fully tiled and with a tile floor. They have three aluminium tables and freezers to hand capable of containing 12 bodies. They employ a part-time embalmer who drops in during the day (on his motorbike) to see, what, if anything has 'come in'. This particular chap is young, not very bright and a student of the Midland Embalming School. He seemed quite proud of the fact that his bodies remained 'perfect' for 'up to three weeks'. His knowledge of the history of the trade was limited; he was unaware of either Lenin's or Evita Peron's

embalming. He did, however, also do restorative work." (Litten, 1989).[53]

The set-up at Enfield Co-op (I am advised) is the same though they say that they do wish their 'contract embalmer' would properly swab down after him. A similar arrangement exists at the main East London Co-op Headquarters at Manor Park and Kenyon's in Westbourne Grove is identical to Hodgsons although they have their own full-time embalmer. It will be recalled from Case 3 that the employee embalmer's lot can be a hard one, especially during the 'season' from Christmas to March when he may have to handle some 15 bodies per day. In these latter examples the young part-time embalmer, the contract or trade embalmer and the employee embalmer, he or she is presented as an artisan. An artist embalmer comes into his own when catastrophic events occur. Adroit ministrations can replace missing parts of the body; absent bones can be artificially restored; incisions stitched; gaps filled; the pallor of anemia or jaundice made to disappear with dyes and bleaches; and so the work of nature is improved or sad outcome averted. The professionally-orientated may well take pride in such restorative endeavours.

Status and prestige as objective and subjective criteria are not only reflected within these particular intra-occupational diversities in work relations of the embalmers but can also not be divorced from aspects of class and power, as the above examples have shown. Judging, say, conference members only impressionistically and taking into account speech, dress, leisure activities in the hotel and the amply-

used car park, one would be inclined to conclude that embalmers identify themselves as middle class. Hodgson's part-time embalmer or the Co-op's trade embalmer and the deskilling attempts of the large employer may give a different impression of the class position, that of a casual, part-time or shopfloor worker. Status might well, therefore, be conceptualised as composite, with class and power included to reflect such other conditions as income, responsibilities, location of workplace, of what is in practice good about the job. Weber appreciated that the link between one's economic position and the status in one's job is not a direct one and that the prestige and respect accorded to a person may well derive from an ascribed situation, cultural environment, lifestyle and education. (Weber, 1910).[54] Weber's stratification system does not seem to distinguish status and prestige, although it is identified as an independent dimension of class. In prestige terms there is little symbolically that an individual embalmer can do to enhance it, unlike the undertaker who can publicly display his 19th Century hearse drawn by Black Friesian horses, driven by their own experienced coachman, like Cribb & Sons[55] from the Eastend of London can do. By contrast the public does not generally know he exists, and in his own domain (where rarely demonstrations take place) he must come to terms with the stigmatization publicly associated with companionship of the corpse. This deficiency is at least in part countered by the practice of masonic-like rituals at conferences and conventions.

Considering the professonal standing of embalmers as a group, one finds the general public completely unaware that such an organisation exists.

The National General Secretary advised me that the BIE have considered the question of achieving the status of a chartered body and had Parliamentary Agents dealing with the matter on three separate occasions to no good purpose. The reasons would appear to be that this near-profession is not representative of the funeral industry; is small in membership and also financially weak; it is not in a position to bar the unqualified; no licence is needed to practice their skills; no power to discipline non-members; formal control over fees does not exist; formal public recognition has not been accorded it; and there is not yet an MP to speak on its behalf in Parliament. It may take a good many years to prove maturity, examination standards, public benefit recognised by local and central government and to demonstrate that the Institute's position places it apart from other bodies with similar objectives. Attempts to become 'Chartered Embalmers' - the accolade of professionalisation - have been made at least once every ten years, with the latest less than two years ago. Nor has the BIE succeeded in achieving the statutory monopoly of 'registration' through an Act of Parliament, which would establish a register of qualified people who alone would be entitled to act as embalmers. Royal Charters these days are restricted to teaching and charitable organisations but the benefits of greater prestige, greater membership, greater job security, prosperity and influence for embalmers cannot be denied. The BIE is, however, highly rated in the funeral industry itself and is for many a funeral director the preferred qualification to the Dip.F.D. or membership of the BIFD, if not the only qualification studied for.

Spot interviews and questioning people in casual encounters over a period of weeks largely confirmed what individual members and the BIE Secretary have said: that the general public are mostly either vague about what an embalmer is and does or haven't given it a thought. As a covert organisation and invisible profession, obvious stigmatizing tendencies are not easily discoverable. Anyone can spot the shop of an undertaker in the high street. Embalmers operate in the bowls of a building, deny their activities, advertise their art and science only to insiders in the journal, never meet the bereaved and can do things only to rather than for the client on the slab. Nor are incumbents agreed on an occupational label to designate their activities, being variously referred by involved-others and by themselves as craft, technique, art, trade, artisan or professional. The key stigmatising element is clearly associated with deathwork, alas inversely related to funeral directors. That is to say that discrediting characteristics tend to cluster more upon the individual embalmer than (in the abstract) on the occupation, whilst the opposite with the undertakers is the case. This assessment is explained in the previous chapter, in which the local funeral director has been found to be socially well entrenched and it is the occupation as such which is experiencing image problems. In the case of the embalmer if the general public knows little, at least the Department of Employment has been explicit in defining the occupation and according it an identity, whilst, as a group, embalmers are highly regarded for their contribution in disaster work and exhumation services. I would argue (after having seen some of it myself) that this work and putting together corpses from autopsies and unnatural deaths is the most gruesome imaginable, quite apart from

reminding an observer of his/her own mortality, only comparable in terms of stress with forensic pathology. I would also say that the current anatomy and biology training together with a modicum of social skills does not prepare the embalmer sufficiently psychologically for such an exposure. It seems that only the ignorance of the public about this work has persuaded those concerned with the creation of prestige ratings (North & Hatt, 1947, [56] as one of the most respected) to place the embalmer at 47 in a hierarchically ordered list of ranking 90 occupations, though supported by a rating of 72 out of a hundred points compared with the physician in second place with 93.

Given this lack of awareness, as an essential part of the training, to cater for an embalmer's psychological needs, <u>two opposing social forces</u> (to borrow Durkheim's term) can be detected to operate which could in due course lead those involved with this kind of work and the occupational establishment to a crisis point. <u>One</u> of the two discernible streams derives from America and disparages the embalmer's work, as illustrated by Mitford: [57] that sanitation is probably the farthest thing from the mind of the modern embalmer, who motives are economic and sentimental, with a slight religious overtone (82); that if you were to approach the average embalmer and tell him that the body he had just embalmed would have to be kept on display for a month or two during the summer, his reaction no doubt would be to fall in a dead faint from fright (80); that like any other craftsman, the embalmer gets satisfaction from rising to a challenge and often hates to part with his finished product (223); that according to proposed Massachusetts legislation approved by the funeral industry it would

make it an offence for an embalmer to 'use profane, indecent or obscene language in the presence of a dead body' (224); that a good plumber could learn how to embalm in sixty days (42); that funeral directors, perhaps more so than the embalmers themselves, convince the public into believing that it is required by law (82); that a communicably-diseased dead body presents less hazard than a live one (said a doctor in answer to Mitford's question whether embalmers are the guardians of public health) and embalmers are not guardians of anything except their pocketbooks (82); that the evidence of the therapeutic benefits of viewing the remains to the bereaved is at the very least flimsy (94-95); that embalming services these days are so secret as to allow no one but apprentices in the preparation room (68); that the results of embalming are always unpredictable (180); that the very word 'embalming' should not be used (and this is so for this country also, according to Mitford) and should be replaced by such terminology as 'temporary preservation', 'sanitary or hygienic treatment' (209); with reference to England, that there has been little government support or recognition of the science, and the medical profession largely ignore it.....(210).....the doctors are often unkind to the embalmers: 'except between friends any request by a funeral director or an embalmer for co-operation on the part of an examining surgeon (as for example to give a reason for the cause of death) will be wasted, and if anything more than an ill-mannered rebuff is received it will be calculated obstruction carried even to the length of deliberate mutilation' (211).

Looking at the totality of the embalmer's work as discussed in this chapter, the tarnishing placement bestowed upon this evolving profession has not as yet reached a crisis point. Although there is a certain amount in the tasks that is arguably routine (as one might expect is the case in most occupations), Mitford's experiences show the attacks are mainly to discredit the medical importance and social evaluation of embalming and they originate not from public disapproval but from other professions and the establishment. If favourable evidence is flimsy or not yet to hand in support (as Mitford informs us) of occupational enhancement, this does not of itself suggest that some of the benefits claimed by the funeral industry are to be rejected outright. What it does mean is that there are parties with a vested interest in all manner of services offered to the bereaved who have not made an active or sufficient contribution to the sponsorship of research into such matters.

If a turning-point has not been reached with the embalmers, there is now a <u>second social force</u> on the horizon where it has. The research here, conducted by Wouters and Kroode in 1980[58] at the Medical Faculty in Utrecht, deals with first-year students who have to dissect and prepare the principal veins, arteries, neck, nerves and muscles, shoulders, the outer part of the chest, arms and legs of a human body. The researchers were allowed by a relucatant professor to join the group on condition not to 'soften' the students by their presence and to 'avoid making them aware of the problems they have not (as yet) encountered'. Few of the 25 students had ever experienced death as literally and all-encompassing as within the walls of the dissecting

room and half answered negatively when asked whether they had seen a dead body before. Wouters and Kroode were attached to a small group of six. The corpse had first to be denuded of a plastic cover and towelling and was lying on the table quite naked. The tutor asked the students to say what they observed first, which were scars, marks of old age and they noticed that the body was thin. One earlier task was also to see whether the body was male or female. In this case the mortal remains were those of a woman. None of the students showed any curiosity about the life history of the body. Unlike the researchers, they did not wonder who she had been, her age, how she loved with this body and whether she had borne children with it. The only thing they wanted to know was what she had died of and when. From the very first session the body became an object of study. Any sign of pity or identification with the 'victim' was omitted. So, from the first, the researchers were considerably more moved than the students by memories of long dead close friends and relatives and by a reminder of their own mortality. The students showed their emotional involvement by giggling or acting selfconsciously. Some were rather pale. In various ways, pressure was put on them to overcome their sensibilities. The uniformly worn white coats were a way to achieve this as was the efficient organisation of the anatomical course whereby 90 students were distributed around 15 stainless steel tables bearing as many bodies wrapped in plastic and towelling (each with his or her own dissecting outfit of knives and tweezers). The setting included also such things as a bible-like anatomical atlas, a manual, video demonstrations and the ritual of all washing hands together in an adjoining washplace. In short, these students were raggedly

conditioned for the sake of their future profession like the military treat their recruits in the first weeks and there is hardly time or opportunity to come to terms with their feelings of embarrassment and other emotions evoked in the dissecting room.

Students who thus far had little if any experience of dying and death must ward off in a psychological sense the many feelings of trauma in order to successfully complete the course. There are also collective and abjectivated defences like the use of new terminology: the words 'dead' and 'dying' are no longer used; 'corpse', 'deceased' and 'mortal remains' are replaced by 'preparation', which rather suggest a product; severed parts of a body for which there is no further use (mainly human fat) become but 'anatomical refuse'. Students work hard and need no prompting whilst cutting up the body, and crude jokes abound. There are many examples given of the unconscious and collective defence mechanisms, which together show neither the slightest sign of pity for the 'victim' nor of rationalising in any way about their own mortality. Talking about death is taboo in this room but the dreams they relate for the researchers only confirm the emotional effect on them. Some suffered from compulsive fantasies - that the corpse was getting up, some were easily startled by trivial occurrences and a number wre no longer disposed to 'pledge their bodies to science'. All this does not mean lack of pity or insensitivity towards a 'victim', in any case not likely due to the 'civilising process' discussed by Elias (1978),[59] suggesting a heightened sense of shame compared with previous generations. Gradually, the researchers noticed signs of change from the 'silent' and individual

protests to more open and collective sounds of resistance. Here and there students were beginning to oppose the way they are expected to behave during the anatomical courses, especially the 'matter-of-factness' in the dissecting room and the 'ban on emotions'. This opposition had taken the form of critical articles in the journals for medical students and in another medical faculty, complaining about the loss of involvement with a human body through automatic action without understanding why; of being forced in the course to keep clear of the idea that humans were involved who had skipped, sung and suffered like oneself, instead of regarding them as anatomical preparations which could and must teach us all kinds of things.

But a more radical opposing force took the form at Utrecht of establishing from a number of students a 'dissecting-room group' who resolved to follow changes in this field critically and try to set alterations in motion. One change which has already come to pass is the introduction of a short course in social skills given that year for the first time to those tutors who are concerned with helping students at the dissection tables. Another innovation promoted by a tutor invited the students to express at the first practical session their feelings, including their emotional ones. Some of the teachers share with students the view that they are in the present set-up too rigidly constrained and because there is no alternative than to get used to it, it is 'repressed adjustment'. If, however, psychological help is given to surmount the taboos, it will be according to 'Stethoscope' (January, 1979, p 4)[60] a case of 'voluntary adjustment'. Here the researchers call attention to a new term they themselves have coined to convey this

emancipation of emotion - 'Informalization' - meaning that the protesters propose to come to terms with their emotions and recognise (presumably through psychological help) that they must accept them as individuals and bring them under control. Embalmers' theoretical studies for qualification compare with the syllabus of first year medical school. Will a psychology module be introduced to increase the propensity to cope? Will the similarity of embalmer work produce a protest movement of its own? They have not yet begun to fight back.

To end this chapter, it will once more be helpful in assessing the actual and potential stigmatizing influences to produce a table which summarizes discrediting and estimable influences that have been found to attach to the occupation of embalmer.

MODULAR EDUCATION PROGRAMME FOR THE DIPLOMA IN EMBALMING

THE COMPLETE COURSE TO CONSIST OF:

MODULE A. Unit 1. Introduction - the B.I.E., Code of Ethics, Legal requirements, Death, Health and Safety. Simple First Aid, Mathematics for Embalming.

Unit 2. Introduction to Human Biology. Simple Biochemistry and physics. Nuclear anatomy.

Unit 3. Basic Structure of the Body. Cytology & Histology.

Unit 4. Framework of the Body. Skeletal and Muscular systems.

MODULE B. Unit 1. The Blood.

Unit 2. The Heart.

Unit 3. The Blood Vessels.

Unit 4. The Lymphatic System and Immunity.

MODULE C. Unit 1. Respiration and Digestion.

Unit 2. Homeostasis - the balancing systems.

Unit 3. Surface Anatomy.

MODULE D. Unit 1. Disease and Decomposition.

Unit 2. Microbiology - organisms and infection.

Unit 3. Disinfection and Sterilization.

Unit 4. The Embalming Theatre.

MODULE E. Unit 1. Embalming Chemistry.

Unit 2. The Embalming Operation.

Unit 3. Embalming Special Conditions.

PRACTICAL AND PROJECT WORK.

Complete a Casebook of all embalmings carried out.

Module A. Report on a Practical Demonstration of Embalming. (Not P.M.).
Module B. ?? Visit to Blood Bank, Path. Lab. ?? and report.
Module C. Attend Post Mortem at Mortuary and write a report.
Module D. Visit at least one embalming Theatre other than School or own place of work. Design an Ideal Theatre.
Module E. Report on a practical demonstration of embalming a Post Mortem.

PASSPORT OF ACHIEVEMENT

THE TUTOR OR SUPERVISOR SHOULD SIGN THE BOXES BELOW WHEN THE STUDENT IS JUDGED TO BE COMPETENT, WITHOUT HELP IN THE FOLLOWING:

Module A. Unit 1.

Signs of death
Tests for death
Safety working practices
Recovery position
Resuscitation
Calculations

Unit 2.

Use of directional terms
Recognise mixtures
Recognise solutions
Recognise solvents
Recognise emulsions

Unit 3.

Effects of senescence
Recognise and name epithelia
Recognise and name connective tissues
Break down rigor mortis
Identify and name cartilages
Demonstrate a nerve during dissection
Identify and name pleura, pericardium peritoneum and meninges
Recognise and name disorders of cells and tissues which affect embalming

Unit 4.

Identify and name bones of the body
Identify compact bone substance
Identify cancellous bone substance
Identify the main features of the base of the skull
Demonstrate correct movement at named joints
Recognise and name disorders of bones and joints which affect embalming
Name muscles found whilst dissecting

RESULTS OF MODULAR TESTS

Foundation Unit _____

Module A _____	Project _____
Module B _____	Project _____
Module C _____	Project _____
Module D _____	Project _____
Module E _____	Project _____

Written Examination. Date..... Grade.....
Practical Examination. Date..... Grade.....

ACTUAL AND POTENTIAL STIGMATISING INFLUENCES UPON EMBALMING WORK

Stigmatizing Factors:	Estimable Factors:
(a) Low placement in occupational status hierarchies	(a) By a skilled technical application of the restorative art and science to a dead human body, the modern embalmer as an evolving profession, ensures short-term preservation, hygiene and presentation and so contributes (in Elias' terminology) to the 'civilising process' in society
(b) Denial of full professional recognition by the establishment	
(c) Disparagement by the medical world of an embalmer's contribution	
(d) Attempts to de-skill the the occupation	
(e) Danger of contamination and disease	(b) There is a strict enforcement of a professional code

(f) Exposure to indirect discredit - client may not approve the view

(g) Cowboy activities spoil embalmers' reputation

(h) The notion that death is catching by contact with a death worker

(i) Socially-isolated work environment with a stream of dead persons for company

(j) Embalmer is fun object in the eyes of the public

(k) General agreement that the work is distinctly gruesome

(c) The embalmer practises multiple roles: as technician, cosmetician, with a knowledge of physics, chemistry, post-mortem conditions, human anatomy, diseases and bacteriology

(d) Reversing the damage to the human body by the anatomist

(e) Participates in disaster work

(f) Is an exhumation specialist in burial ground reclamation

(g) Has the skills to repair and restore mutilated bodies resulting from accidents.

(h) The embalming work is represented by a qualifying institute

(l) Embalmers tend to deny their occupation to friends and public

(m) Funeral directors see embalming only as an adjunct to the general service they supply

(n) The young do not wish to train for this occupation

(o) Considering the many adverse conditions, the rewards are meagre

(p) Recent Capital Radio and BBC programmes harmed embalmers' social identity

(q) Ambiguous status as an individual - artisan, craftsman, technician or quasi-professional

(i) A strong professional bond exists with an emphasis on ceremonial and ritual practices

(j) Persistent endeavours to upgrade the occupation - Royal Charter sought

(k) The occupation is respected by the Clergy, Funeral Directors, Pathologists and the Police

(l) The British Institute of Embalmers strives constantly to improve the corpus of knowledge by the means of education and research

(m) The Institute considers expansion by amalgamation with the British Institute of Funeral Directors

(n) Considerable psychological courage is an essential quality for incumbents

(r) Those who seek to work as embalmers are sometimes seen by lay persons as curious people

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3. Herodotus, see Appendix 2, pp 1-2.

4. Dr. David Haler (1983), Pathologist, Honorary Member of the BIE, and Reviser of the Embalmer Study Manual - Consequences of Decomposition, Ch. 12.1.

5. Carol Andrews (1984), Egyptian Mummies, British Museum Pamphlet.

6. Clare Gittings (1984), Death, Burial and the Individual in Early Modern England, Croom Helm, pp. 13, 29-30, 190.

7. Jessica Mitford (1980), The American Way of Death, Quartet Books, Ch. 13.

8. Dr. William Hunter (1796), The Art of Embalming Dead Bodies, MS Library, RCS.

9. Thomas Greenhill (1705), Art of Embalming, in Litten (1988), p. 10.

10. Sir John Pryce (1698-1761), Letter in 'Country Life', 14.2.85, in Litten's Paper (1988), p. 22.

11. Julian Litten, Educational Conference Lecture at Keele University 18.9.88, Subject Lecture Title: Taintless and Pure: Some 17th and 18th Century Recipes for Embalming.

12. John Sheldon (1784), a former apprentice of the Anatomist Henry Watson was working at the Lock Hospital and the lady in question could have been either Miss Johnson, aged 24, who died there; or it could have been his mistress Sarah Stone, whom he tenderly loved. As related to his friend Faujas Saint Fond (see 13 below).

13 Faujus Saint Fond (1799), Professor of Geology in the Museum of Natural History, Paris, visited John Sheldon in 1784 nine years after the embalming took place. In Litten's paper (1988), p. 20.

14. This paragraph is a summary based on the information from Mr. Peter R. Gaunt, M.B.I.E., Dip. F.D., Director of F. P. Gaunt & Sons Ltd., Funeral Directors.

15. Further information from Mr. Peter Gaunt, whose talk some years ago (as from the present investigation, February, 1989) was assisted in his research information by reference to the Old Year Directories of the N.A.F.D. and the B.I.E.

16. A. R. Burn (1985), A Pelican History of Greece, Penguin Book, p.251.

17. William J. Murnane (1983), The Penguin Guide to Ancient Egypt, Allen Lane, Chapter 2. (People, Professions and Leisure), pp. 25-43.

18. The Main Source of this information comes from Peter Gaunt's History of the B.I.E.

19. These details have been obtained from the National General Secretary of the B.I.E.

20. A copy of this questionnaire will be included in the Appendix to this thesis.

21. The name Stella Biggs, Principal of an Embalming School in this country, is an assumed name to preserve confidentiality. Documentation of my correspondence with Miss Biggs is on file.

22. Peter Johnson and I met at the Windermere Conference in May, 1988 and we also conducted correspondence thereafter.

23. I met Graham Husband at Windermere and again at Keele. I have been in correspondence with him to obtain additional details about himself and certain aspects related to ceremonials, which as a long-standing B.I.E. member he was able to explain.

24. In this case, Paul Tolmer is an assumed name as the source of the information obtained has to remain confidential. As for all the other cases, documentation is available for verification.

25. The Consulting Engineer not only wanted his name to be kept confidential but flatly refused to disclose the name of the Funeral Undertaking where the method of embalming as described had been attempted. One must assume that it had to be one of the big four.

26. Daniel Bell (1974), The Coming of Post-Industrial Society, Heinemann.

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28. Stephen Wood, Ed. (1981), The Degradation of Work? Skill, Deskilling and the Labour Process, Hutchinson.

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30. Code of Practice for the Prevention of Infection in Clinical Laboratories and Post-mortem Rooms, Reprint, 1987, H.M.S.O.

31. H. Beynon (1973), Working for Ford, Penguin.

32. Ernest Becker (1973), The Denial of Death, The Free Press, pp. 12-24, 57, 69.

33. Robert J. Kastenbaum (1981), Death, Society, and Human Experience, The C.V. Mosby Co., p. 195.

34. Letter to the Editor from David Pym, Embalmer, Vol. 31, No. 3, May, 1988.

35. The Embalmer, Vol. 31, No. 1, January, 1988, p.17.

36. Philip Gore, Director, Gore Brothers, Ltd., Funeral Directors, Margate, interviewed at Windermere and Keele during year 1988, and also exchanged letters.

37. BBC 2 Programme 'Secret Services - Embalmers', broadcast briefly reported in the Sunday Times, 24th April, 1988 (c18).

38. This BBC 2 Programme also got a brief mention in the Observer on the 'Week in View' page on the 24th April, 1988.

39. Some opinions have it that an amalgamation will never happen. If such a merger were to happen, it would mean a change of name of the two bodies, the BIE and the BIFD. Also, these two must remain apart from the NAFD, which is ipso facto an employers' organisation as opposed to a professional association.

40. K. Saunders, Article: The Profession of Embalmer - An Outsider's View, in the Embalmer, 1988, Vol. 31, No. 5, pp. 3-4.

41. OPCS 1981 Census Table B, XXIII, Service, Sport and Recreation Workers, Page XXV, Code 075.6 nec (Operational Code 165). There are examples of persons stating 'Embalmer' in the Subsample for Code 165. But Appendix (b) lists details of all Subsample persons having similar work.

42. Department of Employment Classification of Occupations and Directory of Occupational Titles, Vol. 1, (472.10) HMSO and Supplement 1982 issued by the Manpower Service Commission: Careers & Occupational Information Centre (COIC), Definition of Embalmer listed in Vol. 1, under Structural Group X, Burial and Related Service Occupation.

43. Funeral Service Journal, Vol. 104, No. 2, February, 1989: Health Hazards of Formaldehyde, p. 29.

44. See The Embalmer, Vol. 31, No. 1, p. 4., January, 1988.

45. The Embalmer: Guidelines for Embalming an Aids Body, Vol. 31, No. 1, pp. 4-5, January, 1988.

46. Articles: The Cryonic Suspension of Dora Kent, FSJ Vol. 103, No. 11, pp. 37-41, November, 1988.

Cryonics - Early Failures and the Path to Exponential Growth, Vol. 103, No. 9, pp. 44-46, FSJ September, 1988.

Cryonics and the Establishment, FSJ VOl. 104, NO. 2, pp. 51 - 53, February, 1989.

I discussed this matter also with Mr. Philip Gore (see 36 above).

47. Mummification is discussed in the Funeral Service Journal, Vol. 104, No. 2, p. 7, February, 1989, and in the Embalmer, Vol. 31, No. 5, p. 4, (Embalming - Some Future Influences). This information is based on an article by Dave Barry, a reporter of the Knight-Ridder Newspapers in the USA.

48. As regards the art of Cosmetology there is still a good deal of experimentation with various chemicals to see what works, which could not be done on a living person. Some techniques which were used in the 1890s are being rediscovered today, and work. The speaker at Keele had done research on 20 bodies over a period of years on effective restoration with creams.

49. Plastination was also discussed at the Embalming Convention at Keele University. The presentation of his extraordinary technique (now a patented process) was made by Dr. Unther von Hagens, of Heidelberg University. The technique is now, after 8 years of its original development, applied in some 150 establishments world-wide in the areas of anatomy, pathology, forensic science and biology.

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CHAPTER VI

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THE OCCUPATIONAL ROLE OF GRAVE DIGGERS

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THE OCCUPATIONAL ROLE OF GRAVEDIGGERS – HISTORICAL, LITERARY AND SELF-PERCEPTION

A recent London newspaper article (Evening Standard) quoted a sourceless survey which compared of different occupations the time it takes to earn £100. It suggested that it takes a grave digger 25 hours of work to earn this amount but that an inside trader can do it in 8 minutes. The inference of the social value of different kinds of work from earnings alone remains at best still uncertain, but it does reflect the irrationality of assessing work values from market forces alone. Later case studies to be presented here will, moreover, reveal that incumbents perceive the work of grave digging as more than just menial labour and attach a definite meaning to it. It will also be of interest to focus on the ways in which this occupation has been presented in literature and the media. Blackwood (1979)[1], for example, writing about the effects of the grave digger strike in that year, refers to the ancient operatic image of the grave digger as a diabolic, scavenging creature with a spade and dark cloak as seemingly still lingering in the psyche of the modern community. And, who does not know of Shakespeare's Hamlet (Act 5), in which the gravemakers are presented as clowns, who enter the churchyard with spades and picks to hold up Adam's profession. Scene 1 also quotes the houses the gravemaker makes to last 'til doomsday. More recently, Richardson (1988)[2] also delved into the mysteries of the corpse and the deep

cultural concerns for the ceremonies of a 'decent' burial in the wake of a shortage of bodies for the anatomists which Burke and Hare in their role as 'body snatchers' attempted to provide. (Burke & Hare, 1829). Indeed, body trading by grave diggers was not uncommon during the early 19th Century.

In popular culture, grave diggers are still frequently presented as village idiots, who are not fit for other than digging holes in the ground. Thomas Hardy (1840-1928), the famous English writer from Dorset and, some fifty years later, the American Studs Terkel (1977)[3] have had things to say about the rural attitudes to death and burial, and grave diggers' work. Terkel's grave digger said in the intervew: 'When you tell people you work in a cemetery, they do change the subject, but a grave digger is a very important person. You must have heard about the strike we had in New York about two years ago. There were twenty thousand bodies layin' and nobody could bury 'em.' Nor has the subject been ignored by the media. Among the most recent presentations was one on Radio 4 about the experiences of undertakers and associated work, whilst a Channel 4 programme presented a series on the different aspects of dying, death and bereavement. The formal official classification of this occupation is still ambiguous as it has not been accorded a definite occupational identity, either in this country or in America. In the 1981 Census, grave diggers are occupational group 146.2, and classified in the occupational code 316 as construction workers under the number of persons classified as economically active. The subsequent interim figure is given as 9,832. The American Socio-economic Index for Occupations shows a combined

designation for janitors and sextons. Apart from these imprecise classifications, it is of interest to note that it is not unknown for grave diggers to hold themselves out as gardeners, JCB drivers or Council employees, most likely to disguise their image from the stigma of working in a job to do with the dead.

On the operational side, grave digging is obviously hard physical work, but can also be accompanied by the most unpleasant side effects. This is vividly described by Blackwood of the diggers during the Liverpool strike: 'One of the chief complaints was whenever they dug a grave of always finding another coffin in the ground. Their feet go though it and they find themselves wading around in foul water which is floating with rotting human remains. They often see grinning skulls staring them in the face...'. Terkel's interview with Elmer refers to the work in adverse weather conditions thus: 'When the weather is below zero, believe me, you don't just work hard. I have to use a mask. Your skin hurts so much - like you put a hot flame to your face. I am talking about 2 or 3 hours standing outside. Last year we had a frost up to 35 inches deep, from the ground down. That was difficult to have a funeral. The frost and cement, it's almost the same thing...the frost, you hit the earth and it won't break, like cement. Last year we had to use an air hammer when we had this kind of frost. Iron girders under earth is another problem. I tell people I am the caretaker, it sounds better. I see a lot of grief every day, and people crying, some are real bad, but you have to take it.'.

The job content varies whether a community is urban or rural and what the local conditions are. In rural parts, the grave digger may be the sexton of the Parish Church whose job includes the maintenance of the church, or he may be the local odd-job man employed by the Council to dig or clean out ditches and cut hedges. In large towns, authorities like Birmingham City Council may employ permanent cemetery staff. Talking of working conditions in an operational sense of day-to-day activities, it may be of value for the illustration of the importance of this somewhat stigmatized work, to relate at this point extracts from Caroline Blackwood's description of the calamitous conditions during the 1979 grave diggers' strike in Liverpool, to show what can happen when that particular work is <u>not</u> done.

(a) For nearly three weeks no one was buried in Liverpool, Manchster, Newcastle, and numerous northern provincial towns in the public cemeteries.

(b) The strike was for a pay increase (average earnings at that time £45 a week), better facilities in the cemeteries (wanted showers and changing rooms). They had nowhere to wash after work, and they had to go home in filthy clothes. Whilst the grave-flattening machine was housed in a shed, the grave diggers were bitter because they were not even provided with that and felt that graveyard equipment was given better care and respect than they got. The grave diggers were also asking for tea machines in the cemeteries, a demand less sympathetically received by the public.

(c) The City of Liverpool had hundreds of bodies decomposing. Mortuaries, hospitals, chapels of rest, were full to overflow. Pickets at cemeteries gates and crematoriums prevented access and the overflow of corpses was being put in storage in unrefrigerated, disused warehouses. The city had run out of embalming oils and Council spokespersons and the local health authority were reluctant to reveal how many bodies had accumulated. The latter admitted eventually to 60 'critical coffins', containing the bodies of those who had lived decrepidly in solitude and whose deaths had been discovered too late to make embalment possible. Historical memories of mass graves and plagues were stirred up in the city.

(d) The public view of grave diggers deteriorated with the unpleasant consequences of the strike. The upset bereaved had themselves to removed the jewellery from the bodies. Mothers became distressed when the bodies of dead children were put in a warehouse when the hospital morgues ran out of space. Grave diggers were frightened to enter a pub or bar in case they encountered the relatives or friends of someone stored in a warehouse, and generally there was a feeling of outrage that one's society cannot assure the right to have a decent burial.

To what extent grave digger work provides intrinsic satisfaction has been researched by way of a dissertation undertaken by Nurse Ursula Searle Grainger during the 1980s[13], whose interest in this subject was aroused from listening to the stories of her grave digger friends. One of her references is to William Russ, a local grave digger from a Suffolk village, who feels unique, powerful, privileged and indispensable, adjectives which reflect the satisfaction he gets, but his observation 'when people need me, they need me badly, and when the job is done they avoid me' shows that he is aware of the stigma attaching to the job. (Blythe, 1969)[4] Terkel's respondent expressed a similar sentiment when considering the grave digger an important person, but after telling people he works at a cemetery, they quickly change the subject. Grainger's other cases include one Jack Arthur who has been digging graves for some years in Meiford, Wales, and travels around the villages by bicycle. He is the village odd-job man, whose other jobs include fence-maintenance, hedge-laying, gardening, game-plucking and tractor-driving for a local farmer. Jack is illiterate but well able to talk at length about his work. Whilst grave digging as such is just a job, he does care about the people he comes into contact with. To work unsupervised is a great attraction to Jack, and being responsible only to the undertaker, he perceives his activities

to give him an aura of mystique which makes his place a special one in the community.

The Case of Robert, the Norfolk Grave Digger[5]

Robert, a jolly little man now somewhat deaf, lives in a nice Norfolk cottage in retirement, having spent the previous 46 years in lodgings with a farm manager as part of the family. He was 81 years old at the time of my interview with him in July last year, having retired from grave digging at the age of 75. Still single, Robert started work at 14, first as an ironmonger's assistant (a job he left because he could not go to cricket matches); then for a period as a cowman, topped by 6 years of sugar-beeting and working on building sites to about 35. He was, he says, one of the lads, enjoying the drinking sessions and finding no time to get married. He took up grave-digging at that age and spent the next 40 years doing just that for Mr. Taylor, a well known and respected undertaker in the locality.

Robert has definite ideas on what is interesting about grave digging and what the work means to him. It is of great importance knowing where to dig and dig to correct measurements. The length of a grave may well depend on the type of soil. To dig a grave can take you two hours or it can take you eight. When the soil is sandy, the earth might well cave in whilst one is at dinner, which (says Robert) answers the question a woman once asked in a newspaper: why it is that grave diggers always hide behind bushes? Robert dug 4 graves per week in

different cemeteries and did a bit of jobbing gardening if he found time. As an experienced grave digger, he did not need to measure and becomes quite technical in explaining how a board must be laid for a 9 foot depth if a family of three and a 6 foot depth for a single person; how a 'Z' formation must be observed with a coffin measuring 2 foot 4, and how the head may either have to face the congregation or, in Moslem practice, has to face East; and how the parson would direct the grave digger when the critical considerations may be sunrise or resurrection.

Is grave digging just a job that has to be done or has Robert any thoughts about the person that occupies the space? Normally, one doesn't think of the person in the coffin but Robert gets upset when it is a little child. But one is aware if a person is famous, like the Earl of Leicester's grave, which he dug for the 6 foot man.
Mr. Taylor, his employer, buried quite a few prominent people in additon to some of the big farmers in the locality. Nor were the very poor disrespected. Robert knew of a little woman for whom the parson conducted a full service with only the grave digger present.
Efficiency and reliability are important. Robert never experienced a hold-up in 15 years of digging, of which 13 years were on his own.
Whilst work out in the open keeps one fit the weather can play havoc with one's health, although the governor pays for protective clothing. In conditons of wind, rain or snow, a tent may have to be erected over the workplace.

Extra rewards and benefits can sometimes be earned. Robert was on occasions borrowed from Mr. Taylor to dig for other firms, which

enabled him to earn extra money. One can also get tips for laying out a wreath, which, together with digging the grave of a prominent local bookmaker, earned Robert £5 in 1965. In another instance the bookie's brother had cancer and when he died the female relatives gave tips as well. After the funeral you are asked whether you are the grave digger and told you will be hearing from us. Later you find that you have been left £9 in the will, the biggest tip ever received for that time of year. The work can also be educational. There was an occasion when people took me around in my dinner hour to view the headstones from about 1900, the time of the epidemic, and at other times to visit different churches. So you can say the work educates you.

Some Shorter Profiles

Sidney, digging graves at the West Hampstead Cemetery[6]

Sidney is now 60 years old. Born in Britain and single, he left school at the age of 16. His earlier jobs were polisher, baker, painter's labourer, pastry cook and metal worker, before assuming his present activity of grave digging, which he has now done for the last 30 years. He finds it beneficial to be out in the open all the year round and sees the application of skills under different conditions as an interesting part of the work. Being given the responsibility for following the instructions concerning the order of interment, Sidney values having otherwise a free hand to select his own timber and dig the grave. He gets 'a kick out of that'. To him that is true freedom,

doing the job that needs to be done and giving a service. He too is concerned with the planning and spacing of the graves, feet-to-feet in this cemetery, with some 18 in a section. There was no set time for Sidney to learn the job, which can be difficult when the soil is hard. The proximity of other graves permitting, a JCB Digger is sometimes used to ease the toil. Sidney has known the occasional mishap to occur - chipboard of a coffin breaking or the lid falling off as the bearers carry it.

Peter, who is a Foreman at the West Hampstead Cemetery(7)

Peter also works at this cemetery and is now a foreman there. Leaving school at the age of 15, his first job was in the building industry, from which he later transferred to cemetery work and has done ever since. He is now 49 and married. The sentiments he expressed about his work appears to match the oft-quoted foreman stereotype in books on management and supervision. He likes least the incompetence of some silly subordinates...'some of the men who work with me have to be kept sweet at all times or they could fly off the handle at the least thing'. Peter regards the digging of graves as a job that has to be done and done well. This work is important because it contributes to making the funerals run smoothly and so causing the mourners less distress. To him a most interesting part of the job is dealing with the public and seeing to it that the day-to-day routine of the cemetery runs as a smooth operation.

The case of John, also at West Hampstead[8]

John, now 36 years of age, is British by birth and unmarried. He left college at 19 to work initially as a gardener, later to become an actor and writer. In view of these occupations it was not made clear why John works as a grave digger (although he freely expresses what he likes about it) unless it be what actors often call a 'resting period', when the work they would wish to choose is not forthcoming. Being asked what he finds most interesting about the work at the cemetery, he had this to say: "dealing with certain staff here who are not only of low intellectual ability but also suffer from acute inferiority and persecution complexes. The word 'interesting' is not to be mistaken for 'enjoyable'". John strikes a less superior note in answer to what grave digging means to him and whether it is just a job or whether he had any thoughts about the person that will occupy the space he creates. It is a job he is allowed to get on with in relative ease and without interference. It gives him health, fitness, strength, sun and fresh air. Unless the deceased is a child, he had no concern about the person being buried and usually does not know whether he has buried a man or woman. The work is important because if offers people an alternative to cremation or burial at sea. John likes best the appreciation of his work by the public and the chance to think, although to do the job under rainy, wet and smelly conditions is less pleasing.

Ken, digging graves at the East Finchley Cemetery[9]

Ken is a married man, aged 42. Born in this country, he left school at 16 to become in turn a trainee baker, labourer, engineering trainee, butcher and eventually grave digger, a job he has now occupied for the last 22 years. He too appreciates most being left alone to get on with the job he knows so well, having over the years had experience as handyman, gardener and dumper driver. Ken is now a chargehand with responsibility over three other people. Having to bury young people affects him. Many teenagers have committed suicide during the last few years, as told to him on the grapevine by funeral directors, and he likes least burying children. At this cemetery up to 5 graves per day are dug. There are sections for public and private graves. People from residential homes or those without relatives may have just a number or wooden board of recognition in their section. There are J.C.B. vehicles in operation if space betwen the graves permits but many are still dug manually. During my interview with Ken out in the open at the cemetery, a cortege arrived. Some 16 people leave their cars, flowers are taken to the grave and the coffin carried by the bearers to the designated space, with the undertaker and the clergyman following on behind. It is one of Ken's duties to help find the correct location of the grave and assist with lowering the coffin after a short service has taken place. Ken expressed strong feelings about the demeaning way he is sometimes treated by relatives and the possibility of occasionally things going wrong, such as clay-caving, for example.

Discussion

A particular sociological interest during the 1980s[10] in the reasons why certain kinds of work are subject to occupational stigmatization gave rise to a pilot survey addressed to part-time Master of Busines Administration students, all in full-time employment in a managerial capacity. Among other questions, they were asked to say whether they themselves attached a social blemish to the occupation of Grave Digger (and whether in their view others in society do) on account of what the nature of this work entails and the kind of social image it appears to carry. The responses obtained must not be seen as representative of a wide section of the population but serve to indicate that an occupational stigma among the managerial grades in our society does exist. Extracts from the replies are presented below.

1. This work is depressing, unrewarding and carries a poor social status;

2. The work is degrading, but with the one redeeming feature that it is necessary.

3. Grave digging is a menial task for which no special skills are required and no responsibility is attached;

4. That it is a job of last resort and frowned upon by society, such blemishes being caused by the abhorrences of handling dead bodies;

5. Burying the dead means digging holes in the ground, which is hard, unclean and stigmatized work because of its connection with death and giving people a horrible feeling;

6. This kind of work needs only basic skills but with the stigma attached that the person so employed may have a morbid fascination for the job;

7. This work is suitable only for those requiring a steady basic wage and who are not concerned with advancement;

8. Grave digging is a pathetic job, miserable, gloomy and boring though necessary work;

9. The person doing this kind of work might be in a sort of funeral mood most of the time and getting no joy or satisfaction from it;

10. The lowly evaluation derives from the images people have about the job and the association with the dead, a subject people in society want to avoid, as also the proceeding surrounding burials;

11. Although the job is honourable, if poorly paid and not highly valued by society, the grave digger is not someone I would like my daughter to marry;

12. The job is off-putting and gruesome in some ways and probably underpaid;

13. It is not a job for dinner conversation.

As can be seen, these opinions of grave diggers attack not only the work itself (low skills required, attracting low pay, is hard and unpleasant, and has an association with death) but also the character of the incumbent (see reply 6 above, for example), and emphasize the socially low esteem of the job.

The Grave Digger's Social Position on the Basis of Research Evidence

The historical stereotype of the village idiot or scavenger no longer exists. Grave diggers are now a motley army of employees, having left the educational scene early in the main and not having had the opportunity (for some reason) to develop a definite marketable skill. Most drifted into the activity of digging graves from other, probably unskilled or semi-skilled work, and now find it (if not congenial) bearable work and can adjust their personality to it. But the evidence from Caroline Blackwood shows that the situation in certain parts of

the country can be radically different. Liverpool not only reflected a strong Municipal Workers Union organisation which was white and selective, but also a family tradition of dynastic dimensions dating back to the 18th Century, with fathers, grandfathers and great grandfathers all grave diggers and taking pride in the craft to be passed on from father to son.

Grave diggers do not normally experience the sight of a dead body; but they have to circulate during the whole of the working day in an environment where the entire ambience surrounds the concept of death - the visibility of graves, the crematorium on the site, the constant stream of cortege processions with their slowly-driven limousines, abundance of wreaths and grief-stricken relatives - a daily exposure to an atmosphere which is likely to be psychologically harmful. This is borne out by another piece of Blackwood's findings. In the course of her conversation with a local doctor about the strike and the public's hostile attitude towards the diggers, he said this to her: 'Have you any idea what the morbidity rate of the average grave digger is?' he asked her angrily. She did not know and had no idea. 'Did you know that any grave digger has <u>three</u> times the morbidity rate of the average British working class man!' The possibility that some of the grave diggers may not even be aware of their condition can not be excluded, but may be visible to others in behavioural terms.

Work-wise, the grave digger is not always conscious of, or perceives his work as demeaning. Nor, according to the sentiments expressed in the case studies, is tipping so regarded. In some industries an

enduring custom, tipping is not well liked by unions in preference to a negotiated living wage. Social scientists, however, see in this practice elements of reciprocity and have come to take a more open view on its benefits. (Shamir, 1978)[11] Elmer, the American digger as described by Terkel, makes sure he carries aspirins and smelling salts in case one of the mourners passes out. That is one way in which tips are earned. According to Blackwood, Liverpool's striking grave diggers were often charged with hypocrisy because they claimed to be underpaid whilst all the time holding down a job which brings them in inestimable untaxed wealth in the form of buried treasure. She also hears them denounced as fraudulent because they refused to admit either to the general public or to the tax officials that for every grave they dig, they receive automatic and handsome tips. As the population is predominantly Irish Catholic, it is a custom that the bereaved must 'give something to the grave diggers'.

The managers have suggested that the work is unrewarding, that the person performing it is always in a funeral mood, that he handles dead bodies, is not interested in promotion, gets no satisfaction from grave digging and indeed may be a person with a morbid fascination for the job. Although no definite, identifiable stereotype has emerged from my interviews, the conception these business managers have expressed (which may well be shared by a wider population) of a grave digger type and his attitudes, has not been confirmed by the case studies. Of course, in almost all cases higher education has evaded them. They have also not been found to dwell on higher philosophical issues connected with the job as, for example, Olson's medical hypothesis on

'A Possible Cure for Death' proclaimed, which generated debate on questions of chemo-preservation as part of biomedical sciences the high-status profession of doctors might be interested in. (John de Rivas, 1990)[12] But they show respect for the dead. The historical machinations of grave robbers to provide bodies for doctors would abhor them. These incumbents see their work as respectable and honourable activity and like, Ruth Richardson's Frankenstein monster, just want to be loved. (1988). One had (from the interviews) a clear impression, were they but able to articulate it, that in grave digger work, if your attitude is clean the dirty work will not harm your spiritual purification.

Summarising the positive aspects of grave digger work as these emerged in interviews and research, one might draw attention to:

(a) the Calvinist (Protestant) Ethic and ask whether he is one of the elect or one of the damned. It seems that hard, regular work (be it but unattractive) would save him from damnation for it need not be enjoyable for the moral duty to be recognised. The moral status of the work points to respectability and honour.

(b) the Grave Digger being usually in complete control (there is room only for one to dig a grave), found to be a significant element in job satisfaction.

(c) the work being recognised as socially necessary. Have not the strikes in this country and America revealed what can happen if this work is not done?

(d) a feature of the work all grave diggers have in common and appreciate, namely that the job is performed out in the open and physical, and thus generally a healthy activity.

(e) the social support the grave digger is frequently able to give to the bereaved.

CHAPTER VI

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6. Sidney, West Hampstead Grave Digger, was located through the London Borough of Camden Cemeteries Manager Mr. Richard Baldwin and the good offices of Mr. Greene, Foreman at the Cemetery in West Hampstead, in June, 1988.

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CHAPTER VII

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THE FORENSIC PATHOLOGIST – An Orphan Profession

CHAPTER VII

CONTENTS (Continued)

CHAPTER VII

The Forensic Pathologist - An Orphan Profession

Introductory Observations

As a profession, forensic pathologists are worried about their decline in power, prestige and authority within the total discipline of medicine. Recruitment has slowed and pathology become a 'second choice' speciality. Routines are identified as 'dirty work', career structures (so far as these exist at all) criticised as to their adequacy, academic departments reduced or closed down. Not only does the loss of status present a crisis of identity, but the politics of 'town' and 'gown' present problems also. But more of this later. Small may be beautiful in Schumacher's eyes but forensic pathologists are thin on the ground and overworked. There is, however, still a small band of enthusiasts who carry the profession forward despite these occupational fears and limitations. One such, the famous Professor Simpson, quotes Tchekov, the writer and doctor, reputed to have said to his editor who wanted him to concentrate his talent on medicine alone: 'Medicine is my lawful wife, literature my mistress....When I am tired of one, I spend the night with the other.....'. This, as Proessor Simpson sees it, is the correct perspective for the forensic pathologist. To paraphrase: 'Pathology is my lawful life, forensic pathology my mistress'. In my discussion of death occupations so far, I have dealt with them in an ascending

status order: the manual worker (gravedigging); the quasi professional (undertaker and embalmer); and now, the fully fledged professional, the forensic pathologist, to be considered in some detail - the distinctive nature of the work routines; the evolutionary peculiarities in context; aspects of professional socialisation and concerns with recruitment and career structures; the declining position in the world of medicine; problems of scientific credibility; dwindling recognition of this profession's vital role by the establishment; the disparity of working conditions; the role of 'policeman' in medicine; the stresses of cross examination in Court; the destruction of careers as a consequence of mistakes; the ambivalent public image of a marginal profession; coping propensities with the 'grisly' and 'polluting work'; the constant reminder of the incumbent's own mortality; and how death work in this field affects the personal life of members. This profession is not, however, standing still. There is a perpetual stream of learned case papers to be found in journals and reports of new sophisticated scientific discoveries (as for example Genetic Fingerprinting, Miscroscopy, Voiceprintaing and Chromatography) in use, so that change in this profession must also be found space for discussion. My sociologically-oriented investigation will, I hope, clear the path to a better understanding of this little researched practitioner.

The Distinctive Nature of Forensic Pathology Work

Put in most crude terms, the grave digger normally neither sees a dead body nor handles it; the funeral director may see it but doesn't handle it; the embalmer handles it but doesn't cut it up; that is a task delegated to the forensic pathologist. Moreover, unlike a medical student, he cannot select his cadavers and has to process them as they come. In this respect the work differs also from that of undertaking, which can be said to be to some extent seasonal and capable of forward planning. Also unlike the former, who are classed as manual and quasi-professional, the forensic doctor is recognised as a fully-fledged professional member of the medical fraternity who is called in to establish 'cause' in cases of sudden or unnatural death, as one of the main activities generally known as 'homicide'. The term covers the offences of murder, manslaughter, infanticide, and certain other offences causing death excluded from published crime statistics unless the police classifies them as homicide. To indicate briefly the volume of such work, there were in the year 1987 some 300 cases of death by reckless driving recorded by the police, but not included in the homicide figures. In that year, the recorded 685 homicides represent a higher number than in any earlier year. Figures vary since, for example, one person can cause multiple homicide (e.g. the Hungerford incident where one single act accounted for 16 homicides). Despite the variations between years, the overall trend is upwards, the 1978-1987 figure representing a 25% increase over the previous 10 years. Over the same period, the number of other 'more serious offences' of

violence against the person increased by almost two-fifths, including attempted murder, child destruction, reckless driving, wounding to endanger life, arson causing injury, and rape. Thus, in the year 1987, the grand total of cases involving forensic skills was 9,178, or 204 cases for each of the 45 forensic pathologists in the country at this time. (Home Office Statistics, 1987).[1]

The Social Organisation of Pathology Work

Whereas the 1950s could point to well-staffed University departments in the principal cities of this country, the 1960s showed an alarming change. Death and retirement vacancies remained unfilled, the departments of Bristol and Manchester were phased out, Sheffield, Newcastle, Birmingham and Liverpool each had but one single pathologist, Leeds retained one chair, although with a much depleted staff. The London departments also were reduced from what they once were. In Scotland, Dundee and Aberdeen remained 'one-man bands', whilst the chairs of Edinburgh and Glasgow had been only recently filled after periods of uncertainty. That situation left large areas of Great Britain entirely without full-time forensic pathologists. For example, Lancashire was served during these years by a group of general hospital pathologists who took turns to provide cover for Home Office work. The West of England and the greater part of Wales were in a similar situation. Suspicious deaths in these areas were adequately investigated and the competence and enthusiasm of local Home Office pathologists beyond reproach, but they coped with hospital work-loads

which increased annually and the leaders of the profession warned at that time of a not-too-distant future where valuable time might be lost before the services of a pathologist could be obtained. Things were little better in the areas nominally covered by University departments.

By 1974 there were all of 16 full-time forensic pathologists in the whole of England. Ranks had been depleted by three tragic deaths and it was feared that stress could well produce further casualties unless circumstances improved. Recruitment to all the specialised branches of pathology fell short, attributed in the forensic field to irregular hours, and the lack of 'perks' (since most of the Universities appropriate all the fees earned). Opportunities for research were lacking also, with funds in short supply and Universities barely able to maintain their stocks of equipment at accepted levels in the relatively small departments, let alone purchase the specialised ones needed for even basic research. Even had such funds emerged, existing staff would not have found the time to devote to their projects adequately. Dr. Green describes the work load thus:

> 'Pathologists in University departments frequently have to undertake journeys of 80 miles or more to the scene of an incident, often at night, after having done four or five routine coroners' autopsies, prepared and given lectures, and reported trays of histological slides. Worse, the pathologist in these circumstances knows all too well that, after returning home with the milkman, he will face another day of 'routine ' autopsies, lectures, court appearances, and slides to report.

Week-ends bring little respite. Friday and Saturday nights are often the busiest of the week. One cannot expect men working under these conditions to bring to an incident the acuity and percipience which the investigators and the public have a right to expect.....the concept of the University department as a 'centre of excellence' faded for most of us many years ago, as we disappear behind trays of routine reports, witness orders, notes in preparation for undergraduate teaching, post-graduate lectures, and the ever-increasing output of administrative departments.' (Criminology, 1974).[2]

The observations in this part show very clearly a declining trend in the recognition of this speciality upon the disappearance of such earlier medical detectives and household names as Spilsbury, Glaister, Camps and Simpson from the scene, and an acute worsening of the conditions pathologists work under. Why this occurred will be analysed in a later section of this chapter. In the context of work routines, the next section will focus upon the structural division within this profession and the role a hospital plays in the work environment and support that it gives to forensic pathology.

Structural Complexities in Status and Prestige Ratings

I shall begin this part with outlining the complexities, at least to those who are not in the main stream of practising forensic pathologists. It was thought that the best way to probe questions of

incumbency, status and prestige would be to tackle the leaders in the profession for some answers in addition to the data that emerged from the responses to my questionnaires. An investigating outsider will find a highly confusing career structure (to be subject of a detailed discussion later) and doctors in this speciality to be doing work in teaching, regional or provincial hospitals, serving the police and the coroner, and acting as a forensic witness in Court. Some of this work is full-time, some part-time and there are a variety of sub-groups within this speciality to influence status, prestige and pay. Over and above these ambiguities, the list of fellows and members of the British Associaton of Forensic Medicine displays no less than 47 different sets of letters after their names to depict directly relevant and subsidiary qualifications of an academic or professional kind. One might therefore conclude that medical and social status would differ according to whether: a particular doctor is a pathologist; is a forensic pathologist; works in a teaching hospital; is a consultant; holds particular qualifications; works for the Home Office, the Coroner, the Police; works full-time or part-time; works for the NHS; is self-employed; obtains special fees and merit awards; has laboratory back-up; deals with easier or more difficult autopsies; is a defence or prosecution pathologist; is good at coping with cross-examination; is called in to give a second opinion; is legally qualified; has published books and articles, and/or given public lectures; has special histological training; whether the training was gained at a prestigious institution; the doctor has contributed new knowledge by research and whether such criteria as seniority influence professional standing.

Professors Mant, Knight and Green as respondents helped to clarify the position.[3] Forensic pathologists deal with the legal aspects of medicine and will investigate cases of sudden and suspicious deaths. Most of forensic pathological work deals with autopsies on behalf of the Coroner in cases where the doctor in charge of a case cannot issue a death certificate or the death is unnatural. The majority of such deaths are examined by N.H.S. pathologists, many of whom are in full-time employment. They are paid by the Coroner for each case they deal with and these payments are fixed centrally. It seems that unsocial times of being called out or the difficulty of a case bear no direct relationship in the payment. If the case is one of homicide or it is suspected that homicide may be involved, a full-time forensic pathologist or pathologist with Home Office recognition (often N.H.S.) is called out. These are pathologists who have special experience in dealing with criminal cases. Full-time forensic pathologists also hold university appointments. The terms of their employment in the university vary. If they are full-time salaried, the fees they receive (after deduction of expenses) will be paid to the university. If they are part-time, they may keep all or a proportion of their fees. It is recommended that Coroners' autopsies are performed only by consultant pathologists, although in teaching hospitals lecturers in forensic medicine will carry out autopsies, under the aegis of the head of their department.

When an appointment is advertised it usually contains a well-defined job description for the particular discipline of pathologly. Of the three possibilities, e.g. N.H.S. employment, university employment and self employment, the latter is rare as it is essential to have laboratory back-up. All pathologists must be doctors with special training after qualifying and be registered as pathologists. Occupational socialisation will be looked at below more closely when questionnaire responses are considered, but for now it may be stated that five years' work in a recognised institution must have been undertaken and the final examination passed before the Royal College will accept applicants into membership. The specialist in the legal aspects of pathology is usually a consultant or member of a forensic unit if the work includes Coroners' autopsies. Pathologists do not work for the Home Office, but are recognised by it, and if this is the case they may use the designation 'Home Office Pathologist'. He or she then appears on the Home Office list, invariably works for the Coroner, may be called in by the police and receive fees from both, whether employed by the N.H.S. or not. Being on the Home Office list is clearly status-enhancing and the extra fees are not causing just little heartburnings among other forensic pathologists.

Forensic pathologists not working in London may also be on the Home Office list but the police may employ such a specialist in a homicide or suspicious case who is not on this list. Pathologists may appear for either defence or prosecution and whether they enjoy this experience or fear it, are good at it or otherwise is purely personal but can at times have serious career implications. They may be called

also to give a second opinion. Forensic pathologists, especially in the teaching hospitals, are responsible for the majority of published works and also produce various papers in forensic and other journals. They may or may not give public lectures, but those in teaching hospitals are concerned with the teaching of undergraduates and post-graduates. It may be added that a histopathologist is more concerned with the microscopical examination of tissues which is a speciality of its own.

Now a brief word about qualifications. The qualifications essential to forensic pathology at Consultant level are either membership or fellowship of the Royal College of Pathologists. Most of the forensic pathologists also hold the Diploma in Medical Jurisprudence. Other pathology and general medical qualifications are described by Professor Green as 'luxury' items, collected along the way. The basic registered medical qualifications (M.B., Ch.B., B.S., L.R.C.P., M.R.C.S., and L.M.S.S.A.) will be defined in the appendix to this chapter. Other examinations sometimes taken by forensic pathologists are the M.D. or a Ph.D.

On the face of it, the status of a forensic pathologist would appear to depend on the terms of his/her appointment, experience (evidently bound up with Home Office listing) and to some extent upon degrees gained and learned writings produced. Also evident, but not so overtly expressed are the grievances connected with extra fees and merit awards. Additional problems have been found to relate to an unsatisfactory career structure, distorted presentation of the profession by the

media, the general volume of work, and (as one Histopathologist expressed it in a letter), serious doubts whether forensic pathology is any longer 'viable as a separate scientific discipline'. All this, over and above some further distinctly sociological questions concerned with intra specialty prestige ratings and the extra medical label as a 'non-healer'. The denigration of the discipline and its position as a so-called 'marginal medical specialty' will later be discussed in some depth. At this stage, the hospital as the principal workplace of the forensic pathologist (apart from his/her peripatetic duties), must be allowed space and the role of the mortuary be focused upon. This part will then be followed by some essentially biographical considerations of the profession itself to show how its future is projected from its past.

The Hospital Setting - A Pathologists's Second Home?

Hospitals are frequently likened to hotels for the temporary hospitality they offer. They are also seen by sociologists as a kind of bureaucratic organisation that is neither completely open nor rigidly closed. Whether such a setting is seen as semi-total or relatively open, it is one on which pathologists depend as their operational base. The laboratory block will in most teaching hospitals also house the so-called 'department of morbid anatomy', with their interdependent regions - the Mortuary, Post-Mortem Room, Histology and Patholoigy Laboratories, the Coroner's Office and a Chapel of Rest. As Ashley (1987)[4] so aptly puts it: 'the emperor is untouched by the

macabre nature of his domain and is an exuberant, aggressive professor of considerable eminence, who unreservedly claims the title of head of department and exercises (usually) benevolent dictatorship over the number of N.H.S. consultants and juniors.' In Ashley's hospital, the mortuary can hold 54 bodies, although there may only be between 6 and 10 occupanats at any one time to form the steady trickle of traffic victims from Accident & Emergency as well as all the other sudden and suspicious deaths from the community within the jurisdiction of the coroner. Many ward deaths may also have to be reported to the coroner if an accident or medical mishap, alcohol or drug, contributed to the cause of death, or where death has occurred soon after admission so that there was no chance to diagnose the cause. Even if there is no coroner involvement, the pathology professor is keen to have as many cadavers as possible submitted to the post-mortem room for examination and it is policy at such hospitals for a house officer to seek permission from the grieving family to perform an 'anatomical or pathological audit'. The two-fold rationale for this given is 'to ensure that everything possible has been done and to widen the knowledge base'. Housemen don't like this task and some 80% of the non-coroner (aged and ailing patients) cases are refused by the relatives on the grounds that 'he/she has been through enough'. Ashley's reliable statistic is that 900 necropsies are performed annually at his hospital, of which about 50% are coroners' cases.

Corpse Bureaucracy in the Mortuary

One of the hospital buildings (usually unidentified) will house the mortuary where pathology personnel spend a good deal of their time. The MOH Building Regulations (No. 20, 1963) recommend separate access to the various parts by users of the dissecting room (Post Mortem Room), body store, offices, chapel and waiting room, so that visitors do not lose themselves in forbidden territory (MOH 20:15). In Knight's Post-Mortem Technician's Handbook (1984), the mortuary's location should be kept secret from public view also to avoid upsetting patients and keep curious onlookers away. In Prior's interpretation, the separation of functions within the mortuary also expresses the isolation of death in general. The mortuary is no longer a part of life, and like the cemetery before it, is placed beyond a town's boundaries. Still, the activities within have an important impact on the living. Identification of bodies (and parts of bodies) is a vital daily routine, with the Register representing the focal point for recording all the minute details that are known about the cadaver by those who are concerned with bringing bodies to the mortuary. The body gets a reference number and identification tag. If death occurred from radiation, the forehead of the body carries a red adhesive disk. If the corpse is infectious, it must also be clearly marked to signify this. The Mortuary book must contain the names of those who conduct the autopsy and of those who are present to observe, as well as the names of persons who remove bodies from the building. Records must be kept of organs removed also. When a body arrives, it is weighed and measured. The following visual inspection seeks to discover

abnormalities which might reveal the secrets of death. The police, the GP, relatives are all sources of information from which a history for an uncertified case is built up. According to Prior, the contemporary pathologist is forever forced to look beyond the livid body within the mortuary walls, into the social, occupational and political world in which the deceased once lived, in order to elaborate causation.

Prior's study of the mortuary (1987)[5] therefore sees its role in a much wider sense than just a building in which bodies are stored or from which they are moved elsewhere by the funeral service. It is a place where the investigative powers of the state and the explanatory principles of scientific medicine interact to 'police' the dead, not so much in matters of security as in the preservation of 'social health'. In this setting, the forensic pathologist provides the clinical gaze and the inquisitive state bureaucracy the investigative rights over the corpse, to unveil any possible dangers to public or private welfare. Prior looked at the Belfast inquests of 1982 to support his case and found in the Coroner's Summary Statements (representing 50% of all inquests) references to a wide range of personal details, specifying not only homicides and deaths from road accidents, but also a mention of drinking and eating habits, physical living arrangements, previous illnesses, family relationships, emotional states, sleeping habits, even political beliefs and leisure interests. All this, apart from the routine data of marital status, occupation, age, place of residence, social class and place of death.

The Pathologist no longer the Sole Arbiter of Cause (of Death)

The pathologist's concern is with damage to the body, at the basic level because there has been damage to groups of cells. Pathology is the study of what goes wrong and why. Briefly, the main causes of damage occur by means which are: microbiological (bacteria, viruses, fungi); chemical (poisons, drugs, toxic gases); physical (burns, cold, irradiation); nutritional (lack of vitamins, proteins, trace elements); hypoxic (lack of oxygen through reduced blood supply); immunological (where the body reacts against itself, usually producing antibodies); and genetic (where the body has an inbuilt failure to develop normally to perhaps produce the wrong types of substances - Haemophilia, for example, where no clotting factor is produced to stop a body from bleeding). Dr. Lindley (1989)[6] stated in a lecture that one person in five dies in a mysterious way. It is likely that a post mortem will follow. The Coroner will be involved if a doctor has not seen the deceased or does not know the cause of death; any death which is unnatural, occurred from an industrial disease, during an operation or under anesthesia. These precise concerns of pathology, including the forensic elements, needed to be established before proceeding to probe Prior's propositions. So, a person is either dead or not dead, medically speaking. If the person is dead, there will have been a cessation of perspiration, absence of heart sounds, loss of corneal reflex, fragmentation of blood and columns in the retinal vessels (leaving aside the complications of brain death and transplants, and the abortion debate). However, what Prior appears to be suggesting is

that the findings of modern pathology have to be 'meshed into a set of broader social, moral and political concerns before adequate causal accounts of pathological states can be constructed.' Hence, to discover the cause of death is not just the concern of mortuary pathology but has also to do with political and legal agencies of the modern state in which the mortuary operates. Can cause really be located outside of the body in a way in which deaths from natural causes are not? It is only in cases of unnatural death that pathology is forced to spell out precisely its aetiological logic, argues Prior. His case is briefly put below.

A mortuary will store many cadavers that are merely in transit, for the funeral services to take charge. For other cases, the search for the causes of human mortality is located in two dissection orders; the physical of flesh and bone, but also the one that precedes it, which is the theoretical one. Pathology, making use of visual observation, looks for abnormalities in the body. But not all abnormalities are attended by disease. Pathology is guided, nay dominated also, by the concept of the normal, evident in a mortuary although the purpose of dissection is to discover the abnormal in the anatomy. Normality can be measured and Prior gives us the weights of a liver, brain, heart, even testicles. Thus, the fundamental assumption in pathology is that the abnormal is nothing but a quantitative variation on the normal. If therefore the abnormal/pathological is only a quantitative variation on the normal/physiological, then the mortuary can release all the secrets of organic degeneration and whatever is external to the corpse in the outside world would be of no concern. If, however, the pathological is

something qualitatively different from the physiological, it is another type of 'normal' entirely and must be measured in the context of the complete and concrete individual, and not just with organs and functions.

Prior makes the claim that the causes for the pathological condition cannot be obtained from the body alone and that pathology is forced to look outside the human frame for causal factors, given such predisposing matters as racial or geographical factors, age, nutrition, social and cultural influences. If this reasoning is accepted, one is driven to the obvious conclusion that the power of the pathologist to pronounce authoritatively on cause is thereby rightly or wrongly severely curbed and likely to undermine status and prestige in the medico-legal world. Prior offers us a case illustration in support of his conclusion. The deceased was a 91 year old woman living alone, very independent and mentally alert (refusing offers of residential accommodation, meals-on-wheels and day centre attendance). Some home help was available and a neighbour visited her regularly, as did the local social services supervisor. A niece helped with the shopping. Ample food and heating was available but the woman insisted on heating only the room she was using. The home help found the deceased lying unconscious on the cold kitchen floor. She died some days later in the hospital. The medical causes of acute renal failure and hypothermia were regarded as an unsatisfactory explanation of death by the Coroner and the pathologist was also not satisfied. In general, Coroners would be interested in moral blame as well as cause. In this case he has focused on personality traits, material conditions, personal

relationships and means of subsistence (additional to the somatic elements) in his attempt to explain the medical conditions. Given that the medical and the social (through medico-legal surveillance) are both events separated in the mortuary, Prior feels that a distinction between cause and verdict or between cause and mode of death simply does not hold, and that the vocabulary of causation must be so elaborated as to include the social factors outside the mortuary as a significant part in the chain which led up to the death in question.

Selectivity in Corpse Dissection

According to Knight, (1980)[7] it was the poor and the criminals who, during the early part of the 19th Century, ended up under the pathologists' scapels, if their bodies were unclaimed, in the hope that organic and possibly also the social causes of death might be located. With the gradual extension of medical audits, the autopsy became the weapon in the analysis of all forms of disease and bodily disorder. It is the claim of criminologists that such investigative resources are frequently so structured as to favour social and political interests, which would seem to be true for pathology also, although specified with such precision as to give all of us a chance (but according to Prior, not necessarily an <u>equal</u> chance) to end up on the mortuary slab. Prior's Belfast investigation in 1982[8] informs us that of the 900 cadavers sent to the city mortuary for storage or dissection, some 680 were Coroner cases. His 25% survey of these clients, plus a 10% sample of all Belfast deaths in 1981, were the tools he used to locate the 'social characteristics of those who slide across the mortuary table'

to discover an emergent pattern. It is useful here to restate forensic pathology's concern, which is with unnatural as well as with suspicious, sudden or puzzling deaths. What meets this definition depends on the defined circumstances of each case, upon which are super-imposed certain informal social norms such as: what the proper age to die is, the proper place to be found dead is, or indeed the proper manner of dying. The daily routine may, therefore, evidence some selectivity as is qualitatively illustrated in the works of Sudnow (1967)[9] and Glaser & Strauss, (1985)[10], when these authors suggest that medical resources devoted to the dying tend to be distributed according to their perceived social status or estimated social value. This, Prior explains, is quite consistent with his Coroner data in the Belfast study of 1985.[11].

Erosion or Enhancement? — The Coroner's Function facing both Ways

Firstly, the eroding trend since as far back as 1926 gained momentum with the Criminal Law Act, 1977 which (in the words of Mason, 1983)[12] emasculated the Coroner's Office by removing from his jurisdiction cases of murder, manslaughter, infanticide or killing by reckless driving. His powers to recommend safeguards against recurrence of actions prejudicial to the public interest were also curtailed. An earlier Government Report (1971)[13] on Death Certification and Coroners was critical about his role in the detection of homicides and said that the prime task of the Coroner today is to furnish the accurate 'medical' causes of death to the Registrar General. Mason

suggests that medico-legal autopsies could well be cleared by the Coroner to be handled by teams of clinicians and pathologists in an integrated co-operative effort and thereby restore manifest sudden 'natural' death cases to academic departments of pathology, where he thinks they properly belong. His suggestion excludes research-oriented autopsies. Mant (1986)[14] likewise agrees that natural death cases should be a part of the routine duties and indeed the main function of the National Health Service pathologists and not be dealt with by the Coroner.

Prior's interpretation, however, could be understood as an enhancement of the Coroner's role. The evidence he gathered from W.H.O., Belfast and Census statistics lead him to conclude that Coroners appear to focus their investigative resources on particular segments of the population and possess the power to distribute their verdicts (at least partly so) in accordance with socio-political judgements. Thus, men's deaths are more likely to be investigated and their death regarded as 'unnatural' than that of women. The same is true of middle-class as against working-class; married as against unmarried, widowed or single status; and the economically active as against the inactive. He also found (if interpreted in the broadest of terms) that resources are more readily directed towards the observation of married male and non-manual workers than to any other group. One such resource is, of course, the power of autopsy. Not all cadavers in the mortuary are selected for autopsy, although all are processed by the Coroner and have in common that a G.P. or hospital doctor could not certify death. But over and

above that, non-clinical factors also play a part in the crucial decision whether or not an autopsy is performed.

Age is found to correlate strongly, with the under-sixties being far more selected than the economically inactive age groups, as are also infants and children. As to gender, men in the higher age groups are more often autopsied than women. The evidence confirms by and large the expending of extra resources on the 'socially valued'. One must infer from Prior's data that the more cautious, suspicious, or socially-minded Coroner refers more cadavers for autopsy. Whilst if corpse discrimination is accepted, it does also affect the forensic pathologist, who reserves his scalpel as an investigating instrument for distinct and specific segments of the population. But the selection is in the hands of the Coroner, which in the view of more than one writer on the future of forensic medicine (Mason, 1983, Mant, 1986) is merely maintaining an expensive tradition in its present role. What does the present day inquest do, Mant asks, except provide copy for the local press and rubber-stamp investigations in cases of public interest which have already been carried out by specialised bodies as, for instance, in cases of aircraft or train accidents?

One recognises the distinction between a natural/unnatural death; normal/abnormal death; sudden and suspicious death; and that at some stage within the mechanisms of apportioning pathology work, the Coroner will become involved. But as concerns forensic pathology, Prior's view is that the practitioners of this speciality cannot distance themselves from the convergence of the medical and legal interest with the social

residing in the corpse. He makes the point that medical advances continue to focus on new clinical specialisms which make such earlier and vague diagnostic specifications as 'immaturity' in infants or 'cardiac debility' and 'myo-cardial failure' in adults as cause of death no longer acceptable. His evidence has suggested that such factors as age, gender, occupation and marital status, are widely utilised to signify potential pathological states, so that the social cannot be divorced from the clinical in the selection of cases for autopsy, and so also in its search for the origins of death by the forensic pathologist.

Counter to Prior's view that new clinical specialisms make such former simplistic diagnoses that exclude the social elements surrounding the pathological condition unacceptable are some views of practising forensic pathologists I have gathered. To begin with, the retardation in the development of forensic medicine attributed by Camps (1968)[15] to the Spilsbury tradition of individualism, has occurred alongside the scientific advances in this field. As explained by Cameron (1980)[16] later, there is an underlaying financial philosophy which exemplifies this state by a Coroner paying autopsy fees only to establish cause of death and not to do investigations of interest. The latter might well allude to the attending social circumstances leading to cause.
Dr. Hunt (1989)[17] points out that the Coroners' system in this country existed before the Norman Conquest and if William could not get rid of it, what chance do we stand? The background information required about the dead in England has not that much changed during the last thousand years and is still influenced among other historical

incidents by the Norman Murder Tax. Dr. Hunt, who is a Histopathologist, thinks that Dr. Prior's idea of the Pathologist in England is a false one. There is no influence upon him by the State. He is entirely an agent of the Coroner and the Coroner is only partly an arm of the State. Dr. Hunt disagrees with Dr. Prior also on other matters. For example, on the proposition that the 'deaths of men are regarded as unnatural more often than that of women', this is not so much a socio-political phenomenon as the simple fact that more men die an unnatural death than do women. He would accept that there is a somewhat decreased percentage incidence of reporting of natural deaths to the Coroner in patients from Socio-economic Group 1, but this is explained (partly, at least) by the fact that GPs are more likely to visit patients in that group, and to feel able to sign death certificates.

Notwithstanding these views of the cash nexus in autopsies hampering professional development and a heavy work load confining the forensic pathologist to the stricter limitations of anatomical dissection at the cost of research and contributions to social, legal and industrial medicine (as well as the debate over corpse discrimination in the mortuary), we are still left with the one big question that Prior poses: '.....death cannot be investigated in terms of the body alone.....' (1987:357), which demands further discussion in depth on the stance a pathologist may be obliged to take.

The Vulnerability of a Coroner's Pathologist

If Prior's pronouncement that 'the cadaver.....is at once a solution to a riddle and an obstacle to knowledge' (op.cit., p 360), is accepted, the implication is that Coroner's Jury, for example, would be much wiser in giving their verdict on the deceased for having known his/her peculiarities and life-style. It is not unreasonable to assume such information would help the forensic pathologist in arriving at an opinion as to cause which is more than just 'obvious'. That view is not, however, shared by all forensic pathologists in the investigation of cause of death. A well-know (but unnamed) such doctor of former years is quoted as having claimed that autopsies should be performed 'blind', so that pre-knowledge could not bias his eventual conclusion. Given that a verdict on cause can be tested by cross examination in Court, the position of the medical witness can take on precarious dimensions (Leadbeatter and Knight, 1987).[18] The implications of the slings and arrows of expert evidence and the dangers to professional reputations if miscarriage of justice results will be considered in a later section of this chapter. For now, the question posed by Leadbeatter and Knight - 'how much in a medico-legal autopsy the pathologist's knowledge of the antecedent circumstances should influence him in offering a cause of death' - will be of prime concern.

It is the view of these authors that whereas case history may be a dominant factor in clinical medicine in arriving at a diagnosis, in forensic pathology the situation is much more complex because (a) the

history does not come directly from the deceased; (b) the circumstances of death may be such as to affect the reliability and veracity of the witnesses; and (c) the investigation may be inadequate and yield a history which, although not inaccurate, is significantly incomplete. These doctors consider such knowledge of prime importance in determining the conduct of an autopsy. They are against a 'blind' examination on the grounds that it would have to cover all possible eventualities and, moreover, require prohibitively expensive and time-consuming techniques, embracing the need for 'blanket' investigation of each autopsy to include full toxicology, microbiology, virology, radiology and such. Economic restraint, and the desperate shortage of forensic pathologists, would make such a policy not only impracticable but also impossible. At the same time, the authors are alive to the obvious dangers in simply omitting parts of an investigation by reliance on inadquate histories. They cite experience of two recent instances where autopsy findings of natural disease were consistent with history, but where belated information about self-poisoning forced an urgent second autopsy before the bodies were taken from the mortuary.

If, say, multiple diseases are found in a autopsied body, knowing the history is helpful in assessing what might have been the likely cause of death. The situation is just as problematic when only one disease is found. In death from a hepatic failure from cirrhosis of the liver, for example, without the availability of an ante-mortem biopsy and post-mortem histology (tissue structure) revealing only mixed-nodular cirrhosis without any evidence of the aetiology, a little social

background information can go a long way. In this case, the mortuary technician's wife's brother owned the local liquor store and the technician informed the pathologist that the deceased had been his brother-in-law's principal customer. Is the case of death now to be reported as 'cirrhosis of liver, aetiology unknown', or is it to be 'alcoholic cirrhosis', ask the authors? Were there to be an ante-biopsy available and reported on as 'alcoholic hepatitis', the situation would be a different one if the pathologist's biopsy review could exclude perhexiline maleate (cardiac variation control) from the patient's pharmacopeia (accepted drug standards).

Quite often an autopsy reveals the second of the two alternatives - findings or no findings. Take the case of a patient admitted to hospital in winter time with a rectal temperature of 26° C who dies two days later. At autopsy, there were signs of hypothermia, yet the clinical records could not be disputed. Similar deaths are known also to arise from epilepsy and asthma, where there may be a clear history but no relevant autopsy findings. The question the authors now ask is whether it is valid to use history almost exclusively in arriving at an opinion as to cause of death, in contrast to signing out all such cases as 'unascertained'. To further illustrate the ramifications of this question, these doctors provide interesting examples associated with cot deaths. Usually, the 'Sudden Infant Death Syndrome' (known as SIDS) reveals no lesions sufficient to account for death. In former years, such deaths were speculatively reported from 'suffocation' to 'capillary bronchiolitis' (inflamed lung and breathing affected), none of which true in the majority of cases. Thus, in cot deaths, the

purists would simply certify them as 'unascertained', although this often engendered undesirable social repercussions. To still label many thousands of such cases so today is unacceptable, especially as SIDS now has international recognition as the most common cause of post-perinatal mortality, although the designations SIDS is really a diagnosis of exclusion, based on a typical history and absence of positive autopsy findings. It appears that a pathologist has to (seemingly with the legitimate connivance of the Coroner) use hearsay knowledge of the circumstances to arrive at a speculative, though prima facie reasonable cause of death. Now with autopsy findings of SIDS being nil and autopsy findings in most infant suffocations also nil, the pathologist is faced with the obvious dilemma of how to tell the difference. The question here posed is whether he should even attempt to do this or leave judgement in the hands of the law. Leadbeatter and Knight know of a recent case where multiple, sudden infant deaths occurred in the same family. Whilst the autopsy findings were consistently negative, the repetitive circumstances persuaded the pathologist that the latest death was due to suffocation. Lengthy legal proceedings followed because the pathologist used his knowledge of the circumstances, rather than 'pathological lesions', to form an opinion as to the cause of death. This has been challenged on the basis of a different interpretation of the circumstances.

The Pathologist - a Catch 22 Situation?

By and large, pathologists like to adhere in the presentation of their autopsy reports to the format prescribed by the World Health Organisation in its rule book on 'Medical Certification of Cause of Death'. This WHO (1978)[19] booklet directs doctors concerned 'in the case of accident, poisoning or violence, to enter a brief description of the external cause on the line immediately below the description of the type of injury or poisoning'. On another page, even more specific directions are given as for example in relation to poisoning, where the doctor is required to state on the certificate whether this was '.....accidental, suicidal or homicidal'. The authors say that in the instances of some Coroners they have encountered, such autopsy reports would very likely be seen as prejudicial to the legal category of death and possibly even matters of culpability. Indeed, recent changes in coroners' legislation (Coroners Act, 1980)[20] puts the legality of this into question. There are at present still great variations in the practices different coroners and pathologists adopt, as there are also between an individual coroner and his pathologist at different times and in different circumstances. Moreover, the public are not averse to challenging contentious inquests, which for the pathologist means utmost care in deciding and recording the opinions he gives. These writers have also recognised the major dilemma for a pathologist to define the threshold below which he is not prepared to pronounce cause on the basis of circumstantial hearsay evidence if anatomic findings are not also available. He could take the road of erring on the side

of caution and use the term 'unascertained' as the cot death example has shown. But if he adheres too rigidly to the stance that he can use only the evidence of his own eyes in assisting the legal authorities, he risks (say the authors) accusations of 'abdicating his responsibilities and even being obstructive'.

A good illustration is the case of a body brought to autopsy with a history furnished by the police. The man fell from a low factory roof whilst doing the work of window cleaning. The autopsy clearly demonstrates severe head injuries and the pathologist uses the format of the WHO on cause of death when writing his report. If he is (a) purely anatomic, he will write 'fractured skull and lacerations of brain'. If he opts for being more circumstantial, he would add (b) fall from a height; and if he wished to be much more precise, he would replace the words in (b) by 'fall from a factory roof'. The pathologist cannot tell from the examination alone how the man came by his injuries. They might well appear classically pathological of a fall from a height, but not only are injuries often not as specific, also the autopsy alone can never reveal to the pathologist that the victim fell from the roof of a factory. The authors make it very clear that some Coroners in England and Wales request their pathologists to use the more precise version of the WHO in their autopsy reports whilst others specifically forbid it and hold that 'the sole function of the pathologist is to discover the anatomic cause of death, and to leave a decision as to the means by which that cause came to operate to the legal authority charged with categorising and disposing of the case'. The path to be trodden seems to be narrow and tortuous between

'unwarranted speculation' on the one hand and 'obstinate caution' on the other. Is history always reliable as a signpost along this path? Additional stages in the chain of an investigation may bring information to light for a history to be changed. Should then a pathologist change an opinion already given? In any event, original or subsequently changed circumstances are capable of interpretation in several ways. Why then (ask the authors) should a possibly inaccurate or incomplete history dictate the view that the pathologist chooses to give?

Another example is given to illustrate that all circumstances are capable of more than one interpretation. Taking the death of an old person, there is nothing in the pathological evidence to exclude plastic-bag asphyxia, even though sufficient natural disease is present to account for death. The pathologists in this case realistically assumes the absence of circumstances to indicate that breathing was obstructed by a plastic bag over the deceased's head if there is no reasonable suspicion and see the cause as, say, a 'coronary artery disease'. In the view of the authors, this is not 'abdication of responsibility' but native prudence to be cautious when offering an opinion in cases where the legal process obviously indicates such opinion to be based on hearsay evidence. A pathologist is not precluded from an identification of the various possibilities in his report under a heading of 'differential diagnosis'; but, what he should not do in the absence of objective pathological evidence, is to give any one of the possibilities his seal of approval by specifying it as a definite cause of death. The authors prefer the ultimate decision

and responsibility to be in the hands of the appropriate investigating authority, which in England and Wales is the Coroner, and the duty of the pathologist and clinicians to be merely advisory to that authority, alas as fully and as accurately as possible. It therefore follows (in these author's opinion) that the pathologist should base his conclusions of the cause of death on his pathological findings, with the history serving only to show up a need for special investigation.

Thus, dilemmas abound for the forensic pathologist in cases of sudden or unexpected death. He may have to satisfy relatives, the police, coroner, registrar, often the Courts and he may even have to account for a discrepancy between a clinical and autopsy cause of death. He has, moreover, to ponder upon the social circumstances entering into his deliberations, which causes these authors to ask: 'In a Coroner system as it operates at present, should the pathologist stick his neck out and in these litigious days risk having his head chopped off?'. One typical case, where knowledge of the social circumstances leading to an extinction of life would be of no help to the pathologist, is where a man of 36 and a girl of 14 had died together by drinking a mixture of cyanide and sulphuric acid. The jury at the inquest returned a verdict that the man killed himself but that the girl had been unlawfully killed. A pathologist would not, of course, be able to say whether she died of her own free will or not (Times 11.4.1984).[21] Were this country to operate a medical examiner system as in some parts of the United States, a so-called 'pathologist-coroner' would combine the various parts of an investigation and in the use of both autopsy findings and antecedents reach a decision without an inquest.

Leadbeatter and Knight recommend that the best available evidence be used to base an opinion on and then, if the need arises, be prepared to defend it in the legal arena. They are not satisfied with some of the instructions on death certification in the WHO booklet as far as coroners' pathologists are concerned and advise a revision in the next edition.

The determination of 'cause of death' is riddled with complexities. The forensic pathologist's autonomy in giving a verdict has obvious limits and stress is not confined to handling the remains of a body whose anatomy he shares; disputed findings by colleagues and the Courts may often arouse media attention to taint professional reputations and the cycle ending with the stigma of incompetence and career destruction. The Clift case,[22] which started with the body of a woman found in a wood and ended some nine years later with the retirement of the pathologist 'in the public interests', rocked the English forensic science establishment to its foundations. Such new principles as this important case established will be examined in a later part of this chapter.

The Downhill Progression of Forensic Pathology

It will be noted from later data analysis in this chapter that this profession faces today some key problems, serious enough to affect is scientific credibility, its recruitment and the public image of forensic pathololgy itself. And yet, the role played by these

practitioners has never been exposed to systematic sociological research as could (and it is my belief would) illuminate its position and clear the path towards a better understanding of its current difficulties. Forensic science as a regular practical discipline is not yet a hundred years old, although in its empirical form it has exisited for many centuries. Hence the down-grading tendencies, of which the despisal of the 'corpse examiner' in the late 19th Century Europe is an example, must be placed into an earlier historical context to show how certain occupational blemishes emerged.

Prior to the 16th Century, there was no separate speciality of legal medicine, no practitioners or medicologists, no writings on the subject and only spasmodic influences of the law on medicine. The first known law codes in the earliest annals and sacred books of primitive peoples provide evidence for this. In the last few years of this Century records became more frequent and study more intense, until at last a separate discipline arose whose origin and development through the centuries was capable of being studied in a more systematic fashion in different countries. From the earliest times, medicine and law were first united by the bonds of religion, superstition and magic. The functions of the physician and jurist were combined in the priest as an intermediary between God and man, to promulgate God-given law and judging breaches of that law. Disease and death were seen as divine punishment for the non-observing, or caused by magic or evil spirits. But the priest also functioned as physician and witch doctor, so that direct treatment (through knowledge of toxic plants), supplemented by sacrifice and prayer, gave him considerable power. (Camps, 1968).[23]

From what we know of many countries, there was ignorance, apathy, parsimony and conflicting interest which caused reverses to progress in the forensic field, but many of these were local or temporary and advancement seemed to continue. Under the old law codes in Babylon a physician causing death in error could have his hands cut off; in Persia criminal abortions were heavily punished; Greece had no autopsies because dead bodies were sacred; early Rome provided that the bodies of dying women in confinement should be opened to try to save the child's life; in India the diseased were not permitted to be witnesses in court; and in Egypt it was the priest who pronounced on the cause of death. From the late 16th Century onwards, there was to be found a mass of literature on deaths from wounds, abortion, infanticide, deaths by lightning, hanging, drowning, feigned diseases, and the differentiation between ante- and post-mortem wounds. Poisons by carbon monoxide and by corrosives were also written about. Many model reports became available and ethical standards were then seen as high. The subject itself was already recognised as a separate entity in medicine. (Mant, 1984).[24] One might add to this outline that the 17th and 18th Centuries were periods of rapid advance across Europe and in other parts of the world, as evidenced by the mass of publications and the establishment of Chairs in Universities. It was also in continental Europe where by the 19th Century the era of modern legal medicine commenced, although individual men of letters everywhere (and not least in Scotland) had kept in close touch with the centre of learning there.

The Rise and Fall of Legal Medicine in Britain

Whilst the detailed landmarks of the developing forensic sciences in Asia, the Middle East, Europe and America have had to be omitted, a discussion of how the scalpel fell upon forensic pathology in this country is highly topical for this research. Whilst Italy in 1312 had its first public dissection and experienced prejudices against such practices for the next 200 years, people like Fidelis of Palermo and Zacchias of Rome produced case notes on drowning, cardiac deaths, knife cuts, bullet wounds, and asphyxiation, infanticide and so made their mark. Bonet in Geneva performed 3000 autopsies and by the 16th Century managed with the publication of his work to vanquish the distaste felt for post-mortems at this time. Both the Dane, Batholinus, and Schreyer from Bratislava experimented on the content of air in the lungs of a child to determine whether it was born alive or as a corpse. Primitive courses in forensic medicine were started by Bohn at Leipzig University in 1704 and thereby bestowing academic respectability upon a previously despised science. Major universities in Prague and Vienna followed. The French physician Fodore, a former surgeon in Napoleon's armies in publishing in 1908 the 'Code Napoleon' put the administrative flesh on his theories and established the occupation of 'Medical Examiner' as a vital public service, rather than a secret ghoulish ritual, as perceived before. That, in a nutshell was the state of play in Europe.

The teaching of medical jurisprudence in British universities lagged somewhat behind the European continent. The first chair in the UK was

not established until 1807, when Andrew Duncan was appointed Professor of Medical Jurisprudence and Medical Police at Edinburgh University. Prior to this, Samuel Farr wrote the first systematic book on jurisprudence in English, of which the later edition in 1815 included a chapter on the 'Observation of Signs of Murder in the Case of Bastard Children'. Duncan, like his fellow surgeons, was hampered by the restricting laws on the use of bodies for dissection. These were also the main cause leading to the 'body snatching' or 'resurrection' practice as it was called. Burke and Hare were two of those who murdered victims for sale to the Edinburgh Anatomy School. When Duncan left, the main occupant of the chair became Sir Robert Christison at the young age of 24, who later enjoyed international fame and took part in the Burke and Hare trial. His 'Treatise on Poisons' remained for long the best work in English on the subject. Professor Traill next occupied the chair for thirty years and made the subject compulsory for medical students long before the Medical Act of 1858 required it for all medical schools. At that time, a Coroner in England still had no power to pay for medical evidence at inquests and doubt existed also whether he had power to order a post-mortem examination. Whilst more chairs were established in Scotland (such as at Glasgow and Aberdeen), the development of legal medicine in England was less satisfactory although there is evidence of important books and outstanding men. It was the organisation and general recognition of the subject which still left a lot to be desired.

The Smethhurst case in 1859[25] did little to help the subject to keep abreast with the advances in Europe. This Doctor was charged with

poisoning Isabella Banks. A leading toxicologist examined the tissues of the body and discovered traces of arsenic in them. At the trial to follow the magistrate's hearing it emerged that the arsenic had come from faulty testing equipment. There were also wrangles in Court between the toxicologist and two other forensic experts. When Dr. Smethhurst was still convicted, there were protests in the Lancet and the Times publicly denigrated the evidence from toxicology. The Home Secretary then referred the case to independent specialists and in the end Dr. Smethhurst was acquitted. The Dublin Medical Journal accused the toxicologist of having brought disrepute upon this branch of the profession that it would take many years to overcome. That prediction had in fact come true until such time as toxicological and pathological evidence helped to convict Crippen 40 years later, when 'orthodox' medical views of the world and of the British press, felt able to accord some recognition to this branch of science. This case helped to restore some degree of public confidence and trust through three brilliant scientists at St. Mary's Hospital in London. These three, to be later joined by a young medical student (Bernard Spilsbury to gain worldwide fame), encouraged the latter's enthusiasm for and interest in toxicology and histology. Spilsbury never wrote the book he promised from his copious case notes, but it was he and one of the three (Dr. Pepper) who destoyed the Crippen defences. He was typical of the charismatic individuals rather than forensic medicine as such to make their mark, and his reputation grew to such an extent that his appearance for the prosecution was said to be able to sway a case. One of Spilsbury's main contributions was the encouragement of offshoots to his craft - forensic physics and chemistry. Another, the introduction

of the 'murder bag', containing all the essentials needed when called out. The idea came to him when at one case he was horrified to see a local police superintendent handling the dreadful remains with his bare hands. The murder bag was subsequently adopted by police forces all over the world. No one knows whether it was occupational stress that caused Spilsbury to gas himself in his laboratory at University College London in 1947, his headquarters at the time.

If Spilsbury made his mark in the medico-legal field, another man to achieve equal fame for his pioneering efforts in forensic medicine following his medical studies in Edinburgh, was the New Zealander, Sidney Alfred Smith. A great admirer of Sherlock Holmes, he adopted as his dicta of successful detection the 'power to observe and deduct' and the 'possession of a wide range of precise knowledge'. Smith was something of a social scientist because, in addition to amassing medical knowledge of a wide range, he was also interested in the way people dress, their different cultural eating habits, attitudes and postures of frightened as against angry attackers, and the mode of defence their victims adopted. Such extended interests would seem to be missing from the approaches of the latter-day pathologists, whose reasons for this narrower somatic perspective warrant careful deliberation at a later stage. By the early 1920s, Dr. Smith became medico-legal adviser to the Egyptian Government and later founded the Forensic Department at the University of Cairo and also became the first professor there. The incidence of crime in the country provided him with scope to experiment and he soon acquired expertise in ballistics and toxicology, building his own special microscope when

unobtainable from America. Eventually the association with Edinburgh University was resumed and Professor Smith turned it into one of the leading centres of the world for the study of forensic science. His textbook, published in 1928, ran into many editions and he attracted students world-wide by his witty seminars. Widely mourned when he died in 1969 as Emeritus Professor and Rector of the University he is said to have made this branch of medical science a respectable discipline.[26]

As can be seen from the foregoing, a small number of individuals helped to carve the reputation of British forensic medicine up to the second world war. Another such personality was Professor John Glaister of Glasgow University who made his mark around the same time as Sidney Smith, this mainly by writing authoritatively on the subjects of Medical Jurisprudence and Toxicology. This text, first published in 1902, ran into many revised editions and was so highly regarded that it has today become the 'Bible' for criminal pathologists in Britain, Australia and America. Glaister was not merely a theoretician, as was shown by his complex reconstruction in 1935 of the Buck Ruxton case, with which he and a colleague were closely involved. A concisely presented illustration of the case will demonstrate how forensic pathologists work. The two doctors had the grisly task of piecing together the seventy human remains found in the gully off the Edinburgh-Moffat road. The killer had gone to enormous lengths to avoid discovery by cutting strips of fatty tissue and flesh off the body, removing eyes and lips, and scattering the portions over a wide area. It was established that there were, in fact, two murder victims

and that they were women. Some novel methods were used in the forensic investigation: like superimposing a picture of one of the victims over the skull to assess the fit; like making flexi-castes from the two left feet found in a reasonable state of preservation among the remains and measuring the fit in the shoes of the murdered woman; like examining the drains in the suspect's house to obtain blood tissues which matched those of the corpses; and obtaining dermal prints from hands already badly decomposed, a procedure never adopted before.[27]

This case showed also how forensic science can be advanced by the enlistment of other specialists. Physicists and other experts helped with a microscopic examination of parts of the cotton sheets to trace the loom in the suspect's house. In the end, the evidence was so conclusive that Dr. Buck Ruxton (formerly Bukhtyar Hakin) was convicted and in 1936 hanged for the murder of Mrs. Ruxton his wife, and Mary Rogerson her nursemaid. One of the major reasons why so much importance attached to the case was the employment of team work in the investigation. It provided an impetus for the development of highly specialised professional disciplines in scientific criminology, which now include Immunology and Serology (the study of blood, urine, saliva and sperm); Odontology (the study of teeth as a most durable part of the body); Ballistics, a field in which medical examiners are closely involved; Toxicology and Chemistry which have long been important areas in the history of this science (see for example Orfila who in 1787 catalogued poisons and their effects already then); and in more recent times, Psychiatry, where mentally unbalanced or psychotic cases are concerned. At an experimental stage still is the exciting new

specialism of Voiceprinting, sometimes known as 'Articulators', which brings electronic engineering into crime detection.[28]

Problems with Recognition and Research

The take-off of legal medicine was more pronounced in Scotland than in England, although excellent books and outstanding men existed. Of the thirty-seven medical schools providing instruction in the bigger cities of the United Kingdom by the mid-19th Century when the subject was obligatory, status and recognition vanished in later years when these established chairs lapsed. Now, there are only five personal Chairs of which three are at the University of London and the others at Leeds and Sheffield. In Scotland, the Chair in Aberdeen has lapsed but the Regius Chairs in Edinburgh and Glasgow still exist. According to Cameron (1980),[29] prior to the Second World War few if any thought of forensic medicine as an academic domain and painfully little research came from those who specialised in, or had any experience of, the subject. Far from enjoying the respect and help it needed from its elders in academic pathology, the specialty was despised by them for its divorce from the University Schools (Simpson, 1963).[30] Too many untrained specialists grew by the secretion of innumerable autopsies, allowing for the notable exception of the charismatic personalities like Spilsbury and Smith, ably supported later by such well-known names as Simpson, Camps, Teare, Glaister and Polson. A Medico-Legal Society was not formed until 1903, which was the only learned society devoted to the subject. Untrained practitioners in Coroners' and police

pathology enlisted advice and help only when poisonings demanded such analysis which would enable them to furnish more precise answers. Similarly serology and stain analysis, of what little there was, rarely challenged existing knowledge, practices, proceedings in pathology and then only in more personal terms.

Thus, until the post-war years, the reputation of 'English' forensic medicine rested largely in the hands of one or two highly reputed individuals. Thereafter, however, a change occurred. Legal medicine received the recognition it had lacked before. After 1950, the British Association in Forensic Medicine was founded and the Forensic Science Society saw the light of day. The British Academy of Forensic Sciences also came into being. There was, at last, a realization that the investigation of medico-legal cases frequently requires collaboration with specialists in other disciplines. The media has always seen to it that sensational cases were brought to the attention of the general public. In this way, the average citizen can relate reality to fictional television. Notwithstanding these developments, it is feared that academic forensic medicine has gone steadily downhill until there is now a danger (according to same opinions conveyed also in my data) of its extinction. Already some university departments have been made sub-departments and others abolished (as explained to me in an interview with Professor Cameron, May, 1989).[31] The present situation was predicted by the late Professor Glaister as early as 1951, when he addressed members of the BAFM, during which he talked of the difficulties which would arise from the exclusion of forensic medicine as a constituent of the then newly-formed state medical

service in 1948, either unintentionally or by design, and the absense of any specialists practising the subject. In his presidential address to the BAFS in 1980, Professor Cameron makes it clear that not all the blame can be attached to the universities for this wane in academic legal medicine. Their only need is to teach undergraduates the essentials of forensic medicine and they could claim, with considerable justification, that the provision of forensic medicine for the community is not their concern, particularly so when money is short and the new medical specialties (such as mentioned on page 40) are clamouring for recognition and upgrading.[32] In most universities forensic medicine is virtually self-supporting, thus forming, in the view of Knight (1967), the only basis for its toleration.[33]

A Diagnosis of the Present Crisis

A review of courses in 1951 in medical jurisprudence revealed a great variation in the length devoted to this subject, taken by Cameron as the practical reflection of particular attitudes held by some of the bodies in question. For example, the Report in 1944 of the Inter-departmental Committee on Medical Schools[34] offered only a brief comment that instruction to students in some medical schools on forensic medicine seems excessive, having regard to the needs of general practice. On the other hand, the General Medical Council (in connection with the Goodenough Committee's Report) held that since every G.P. is liable to be called upon without notice on questions within the province of forensic medicine, it is imperative in their judgement that due weight should continue to be attached to this

subject in the curriculum. A later report (the Todd Report on Medical Education in 1968)[35] made no reference to forensic medicine at all. At the very least, these are some indicators of an ambivalent approach.

Cameron gives voice also to the anxiety that the lack of availability and quality of medico-legal experts now (in 1980) causes, as these properly trained experts are rapidly disappearing from the scene, as are, likewise, the future prospects of postgraduate training. This, in the opinion of Cameron (1973)[36], is at least partly due to the accent that is placed on pathology rather than medicine, because the modern medico-legist should be more concerned with the broad discipline of legal medicine than just the limited field of morbid anatomy. Given an approximate 56 million people in the UK (inclusive of IoM and Channel Islands) in an area of some 95 square miles, there are at this time (the time of Cameron's address to the Academy in 1980) barely 50 full-time 'professional' forensic pathologists in total (Johnson, 1979), that is, just one medico-legal expert per some 1,120,000 persons, or approximately one such expert per 2,000 square miles. Thus, this small number of doctors regularly carry out thousands of investigations into homicides or possible criminal cases for Coroners and Fiscals in the entire UK, making, indeed, autopsy a 'dying art'.

Francis Camps, looking in 1968[37] for a reason for this state of affairs, attributed it to the 'Spilsbury tradition of individualism'. Although to some extent persisting, this position may posibly have been instrumental in producing some outstanding personalities, even if it has done little to encourage suitable prospects for the occupation and

its practitioners. In the view of Cameron, it may also be responsible for the general lagging behind of forensic medicine relative to the forensic scientific advances (indicated above), in part at least demonstrated by the attitude that the Coroner pays for an autopsy solely to establish cause of death, and not carry out investigations of interest. Presumably the latter includes the kind of extra-cadaver associations of a social nature that Prior had in mind. This cash-nexus philosophy might well explain the reason for the substitution of a cause of death which is 'obvious', for the cause of death which is 'correct'. Suspicion is the first line of detection in England and Wales under the present Coroners' system where murder is concerned, as is also the need to recognise death which is unnatural (Johnson, 1969).[38] When sudden or unexpected death occurs, a medical practitioner is virtually always required to pronounce that life is 'extinct'. Hence, the doctor should have a low threshhold of suspicion if danger of an erroneous diagnosis, possibly unchallenged by a Registrar, is to be avoided. Once the body is disposed of by either burial or cremation, it may be too late to discover that a crime has been committed.

Cameron, in his presidential address to the BAFS, also discusses the serious consequences likely to arise in cases of misdiagnosis. While such an occurrence in cases of natural deaths is to be regretted, there are seldom any far-reaching consequences unless it be that a case is treated as an unnatural death. But the mistake in certifying an unnatural death as due to natural causes can be much more serious. The law requires doctors not only to issue a death certificate but also to

state the cause of death, whether a case is reportable to the Coroner or not. (Incidentally, old age is not acceptedd as a cause and refusal to certify a medical cause means reference to the Coroner). All kinds of troublesome complications can ensue should unnatural cause be signed-up as natural. Major crime may remain uninvestigated and there may also be problems of insurances, pensions and civil litigations, all stemming from incorrect or incomplete causes of death. This practice has been widely criticised in the medico-legal literature over the years (Havard, 1960[39] on the Detection of Secret Homicide is an example of a comprehensive review). Professor Cameron points also to recent surveys which have shown up to a 50% discrepancy rate between the clinical and autopsy recordings of death. He suggests, indeed recommends with some urgency, that the remedy for this is proper education of the future doctor during medical training in the pre-registration phase as an 'embryo' police surgeon, and in all branches of postgraduate medicine education. There is, he points out, great variation in the present teaching on the subject.[40].

Qualification, Specialisation and Fragmentation

Earlier discussion above connected with status and incumbency has led me to touch upon the confusing sets of medical qualifications displayed by members of the BAFM and the labelling of the forensic pathologist as a 'non-healer' engaged in a 'margin specialty'. Moreover, among the other stresses experienced by these practitioners as briefly indicated in the introductory observations on page 1, is also cross examination

in Court that causes a great deal of dread and apprehension. The position of the doctor as a forensic witness must now be more closely examined, of which an orderly re-assessment of the maze of qualifications would appear to form an essential part. The main reason for this examination is the discrediting effect this often has upon the witness in terms of competence and career, to say nothing about the danger of having the profession debunked in the media. Parallel to a strictly scientific exposure runs the accusation that the (overworked and understaffed) profession of forensic pathology does not sufficiently appear to take account of the social circumstances surrounding cause (Prior, 1989).[41] An obvious consequence might well be, I would argue, the establishment of new professions to fill this gap, only to add to the fragmentation of a territory which was previously that of forensic pathology alone. Two examples will illustrate this trend. 1971 saw the birth of the youngest member of the family of Royal Colleges, the Royal College of Psychiatrists, which founded in that year a Section of Forensic Psychiatry to facilitate an increased understanding between lawyers and psychiatrists.[42] But another most interesting example originated in the Argentine and found a write-up in the New Zealand Journal of Funeral Directors. It dealt with the disappearance of 90,000 Argentinians during the period of military rule in the 1970s. A team of young medical and anthropology students got to work one morning at a cemetery in the outskirts of Buenos Aires to painstakingly scrape away earth to expose decomposed cadavers, some in plastic bags or coffins and others simply dumped into the ground. It was slow and tedious work to find the clues of how each person died. A glint of metal suggested a bullet was used; tiny

fragments of skull bones indicated a blow to the head to produce the fatal injury. Their mentor was an American academic sent in 1984 to advise Argentina's Human Rights Commission on the scientific means to document abuses committed during the dirty war. Thus came into being the E.A.A.F., the Argentine Forensic Anthropology Team (F.S.J., June, 1989).[43] How long before we shall be blessed, or some opinions might say cursed, with a Royal College of Forensic Anthropology? The Americans already have forensic anthropologists.

A Glance at the Intricacies of Medical Evaluation[44]

The forensic pathologist comes into contact with lawyers and other eminent lay persons not always initiated in the intricacies of medical evaluations. The various letters which a doctor can legally append to the surname need to be correctly interpreted as to whether their number directly reflects skill, experience and efficiency. Most of all, do they indicate forensic proficiency? The significance of degrees and letters operates as soon as the doctor qualifies, following a designated training curriculum and passing the prescribed examinations. Table A below lists these in the order of increasing merit.

Table A - UK Graduating Medical Degrees

Awarding Body	Degree Obtained	Letters
Society of Apothecaries of London	Licentiate in Medicine and Surgery	L,M,S,S,A,
Conjoint Board of the Royal Colleges of Surgeons and Physicians, England	Member of the Royal College of Surgeons	M,R,C,S,
	Licentiate of the Royal College of Physicians	L,R,C,P,
Individual Universities	Batchelor of Medicine	M,B,
	Batchelor of Surgery	B,S, or B,Ch,

Source: Adapted from D. Blair, The Criminologist, 1974, Part 9, Vol. 32, p. 14

University degrees are the most valuable but carry the fewest letters. Postgraduate degrees, as a next stage, can vary in their importance. Most cherished is membership of the Royal Colleges, achieved by doctors with ample experience in their speciality passing requisite examinations. Surgeons become fellows, but fellowship of any other Royal College can be gained only after several years of membership and recognition of outstanding professional achievements. It is bestowed by the President and Council on a discretionary basis without the need to take a further examination. It is accepted that a young surgeon who has obtained a fellowship of his own Royal College would not be able to obtain a fellowship of any other Royal College until possibly his forties.

Universities also award postgraduate degrees in Medicine or Surgery, either by an acceptable thesis or searching examination. Furthermore, the Faculty of Radiologists grant higher degrees by examination and

award a fellowship of the Faculty. Table B will make the position clear.

Table B - UK Postgraduade Medical Degrees

Awarding Body	By Examination	Letters	By Election	Letters
Royal College of Surgeons	Fellowship	F,R,C,S,	-	-
	Fellowship of the Faculty of Anaesthetists of the Royal College of Surgeons	F,F,A,R,C,S,		
Royal Collge of Physicians	Membership	M,R,C,P,	Fellowship	F,R,C,P,
Royal College of Obstetricians and Gynaecologists	Membership	M,R,C,O,G,	Fellowship	F,R,C,O,G,
Royal College of Pathologists	Membership	M.R.C.Path.	Fellowship	F.R.C.Path.
Royal College of Psychiatrists	Membership	M,R,C,Psych,	Fellowship	F,R,C,Psych,
Royal College of General Practitioners	Membership	M,R,C,G,P,	Fellowship	F,R,C,G,P,
Individual Universities (with medical schools)	Master of Surgery	M,S, or M,Ch,	-	-
	Doctor of Medicine	M,D,	-	-
Faculty of Radiologists	Fellowship	F,F,R,	-	-

Source: Adapted from D, Blair, The Criminologist, 1974, ibid, p,15

Dr. Blair, who is a Psychiatrist, informs us that 1974 was a year of grace for the medical profession in which it indulged in secret

procedures of which the legal profession was probably unaware. It was a 'Secret Merit Award' to which, with the approval of Government, a National Health Service specialist may have been entitled. It is usually secretly bestowed on him/her by a hierarchy of peers. Neither degrees nor diplomas guarantee a doctor an increase in salary but a secret award, (which can be C, B, A and A+) accordingly to grade, can reach a figure of £7,000+ at the top scale. The unfairness of this arbitrary benefit is recognised but tolerated by the medical profession. It is not possible, officially, to discover which doctor gets which merit award. Lawyers certainly are kept guessing. There are, however, consultants who may have held Fellowships of Colleges for many years and do not get merit awards whilst there are others with only a few years of Membership of certain other Colleges who get C-grade awards or perhaps an even higher distinction.

In order to appreciate the value of forensic pathology qualifications in context, the existence of postgraduate medical diplomas must also be explained. The Diploma of Medical Jurisprudence (D.M.J.), which 44% of my respondents hold, is considered to be a reliable indicator among pathologists, police surgeons, prison medical officers and concerned others, that they have a certain amount of forensic knowledge in this field. Some highly qualified consultants, however, may well have received only meagre education and training in forensic medicine in their entire career. Table C sets out details of the currently recognised diplomas, to which, in the current climate of specialisation, others are added from time to time (of which, as

indicated below, the new Diploma in Crime Scene Investigation approved in April, 1989 is one example).

Table C - Some Examples of UK Postgraduate Medical Diplomas

Awarding Body	Type of Diploma	Letters
Royal College of Surgeons	Orthodontics	D,Orth,
	Dental Public Health	D,D,P,H,
Conjoint Board of the Royal Colleges of Surgeons and Physicians, England	Public Health	D,P,H,
	Tropical Medicine and Hygiene	D,T,M, & H,
	Ophthalmology	D,O,
	Laryngology and Otology	D,L,O,
	Anaesthetics	D,A,
	Child Health	D,C,H,
	Industrial Medicine	D,I,M,
	Psychiatry	D,P,M,
Royal College of Obstetricians and Gynaecologists	Obstetrics	D,Obst,R,C,O,G,
Society of Apothecaries of London	Industrial Health	D,I,M,
	Medical Jurisprudence	D.M.J.
Royal College of Pathologists	Pathology	D.R.C.Path

Source: Adapted from D. Blair, The Criminologist, (op cit., p 16)

Other diplomas found to be held by forensic pathologists are the Diploma in Clinical Pathology, the Diploma in Criminology, the Diploma in Firearms Examination and the Diploma in Document Examination. As from April, 1989, following the completion of the planning stage, the new Diploma in Crime Scene Investigation will be available. This is a diploma sponsored by the Forensic Science Society (F.S.S.) and recognised by the Council of National Academic Awards

(C.N.A.A.). The F.S.S. Professional Awards Committee decided in 1985 to concentrate on those areas of forensic expertise not covered by other educational qualifications or formal course preparation and examination and set up its own professional qualifications in these subjects.[45]

There are seven diplomas for the forensic pathologist now and there will probably be more to come. If any specialist discovers a need not catered for, all he/she has to do is to submit a scheme to the F.S.S. Awards Committee for consideration. The general effect is likely to be specialised qualifications for the few who are so motivated to acquire this expertise on a voluntary basis, but not widely enough spread among the professional membership to be able to wrest (or in some cases reclaim) the expertise from those who perform it now and who came by it through those areas of specialisation which made the fragmentation (and incidentally the loss of power and control) an inevitable consequence at the cost of a loss of status and prestige. In some cases functions not catered for by one Royal College may be assumed by another. Courts have needed to rely on valid evidence by psychiatrists, which caused the Royal College in 1971 to set up a Forensic Psychiatry Section. It also means a dependence on this expertise by forensic pathologists from other specialists on occasions if the true cause of a crime or homicide and the circumstances leading up to the event are to be established.

On an individual level, a forensic pathologist can become a member of an existing society whose aim it is to increase the mutual

understanding and respect between his profession and those of lawyers, and so evidence a real interest in medico-legal matters. The British Academy of Forensic Sciences, The Medico-legal Society and the Forensic Science Society are organisations in point. The path to forensic proficiency begins with one or more degrees as indicated in Table A, then to be followed by such a postgraduate qualification as the M.R.C.Path., the D.M.J. and other selected specialist diplomas and prolonged membership of one of the learned societies. It is also understood that research and publications enhance the road to Fellowship. The formal norms as here described will later make an interesting comparison with the actual (and perhaps typical) careers data obtained from my respondents.

The Pathologist as a Witness in Court

Many doctors, other than the most experienced in medico-legal matters, are apprehensive of cross examination when acting as a witness in Court. Forensic pathologists in particular may be called upon as experts for the defence or prosecution to give an opinion in a great variety of cases involving murder, homicide, violent crime, rape and those where injury occurs. It is unavoidable, therefore, that the question of assessing the legal significance of medical evidence arises. The professionals in the legal field need criteria by which to judge the status of the doctor, and so must take account of his/her years of experience and position as Consultant, Senior Registrar, Registrar or Houseman, as the case may be. In this context not only

are degrees and diplomas relevant, but also interest (possibly evidenced by publication of research papers) and experience in matters forensic. The number of letters after the name are not by themselves a reliable measure of specific competence in a field. A person with higher degrees may not bother to mention first degrees. Also posts in teaching hospitals are held in greater esteem than those in non-teaching hospitals, although an entirely academic career can leave a doctor wanting of the very special experience needed by the Court. It is Dr. Blair's opinion, for example, that a general consultant pathologist who may have wide experience of ordinary causes of death would not really best replace a forensic pathologist in such cases as suspected murder, homicide and poisoning, which require a narrower but more precise knowledge of the field. Hence the wider use of general pathologists (recommended by the Brodrick Report in 1971)[46] and the further reduction of the already small number of forensic pathologists is not favoured by the critics of this report. Dr. Blair, in common with later opinions by such experts as Professors Knight (1975), Cameron (1980), Mant (1986) among others in the profession, expressed his concern that the national facilities for forensic education are inadequate.[47]

Understandably, pathologists are highly sensitive towards having their expert opinion challenged in a public arena, such as a Court, and exposed to the press. But much the more delicate and wide-ranging can be the problems when a consultant pathologist acts for the defence. In many homicide cases, the trend is now to prefer these to the employment of psychiatrists, as was the practice in previous years.

Knight (1975)[48] offers three reasons for this change: firstly, a great awareness of the legal profession that it can challenge the medical evidence gathered by the prosecution and the possibility of a solicitor to require a second autopsy as soon as the client is arrested; secondly, whilst there has been a decline of full-time forensic pathologists, the National Health Service has expanded pathology staff as such in the post-war period, although the available clinical experience was not also accompanied by a competence in the forensic field; and thirdly, the advent of legal aid has made it possible for those in need to enlist expert witnesses in their defence. Knight favours this turn of events since natural justice is better served if a second medical view on a homicide is available which may provide vital evidence in criminal trials to assist counsel for the defence. Moreover, the very fact that a fellow expert may challenge the findings of the prosecution pathologist largely prevents a belief that his evidence is infallible, and also stimulate the latter to meticulous examination of and reporting on a case.

This experienced Professor has a number of practical matters to disclose, one of which concerns the incidence of a second autopsy. Time and circumstances will influence this. For example, a local solicitor not used to major criminal charges may not be aware that early medical advice can be made available in a homicide case. The Coroner's autopsy as a part of the prosecution's evidence may have taken place and the body disposed of long before counsel's view that a second autopsy is possible. Cremation will not yet have taken place, but a possible demand for exhumation is beset with problems and is

rare. Thus, a defence consultant may have no chance to examine the body. A criminal charge of homicide is usually conditional upon the autopsy results and no legal representative may have been appointed. At the same time, delay will grossly hinder the preservation of the physical evidence needed for the second autopsy. Even if refrigeration is good, a corpse deteriorates more rapidly after anatomization at the first post-mortem. Additionally, points out Knight, injuries such as abrasions or lacerations and the effects of any decomposition when a body is first discovered will make the job of the second pathologist even more difficult and his conclusions less valuable to the Court. At times, neither the presence and co-operation of the first pathologist nor his findings are available to the second, whose experience then plays a vital part in marshalling all the available details from the disordered body with not a clear idea of what he is seeking. If it is the case that parts of the corpse have been removed by the first pathologist, either as exhibits or for further examination (such as skin with stab and gunshot wounds or strangulation marks), these would have had to be preserved in formalin and so undergo change from their original condition. Parts such as fractured skull vaults or brains with attached membranes may have to be transported over long distances and cause delays for the defence pathologist before reporting. In other instances, body fluids such as urine, venous blood or stomach contents, may have been removed for dispatch to the Home Office Forensic Science Laboratory, leaving virtually nothing for the defence to present. At times, no post-mortem may be possible due to lapse of time and all that is then left for the defence expert to get hold of is

the available documents for supplying a summary of findings to the solicitor.

Thus, the relationship between pathologists for the prosecution and defence is quite a delicate one. Once in Court, shrewd counsel may ask the defence expert to sit close by for consultation when the prosecution medical evidence is probed. Occasionally, explains Knight, the pathologist on the opposite side takes exception to this practice, but, seen objectively, it balances the scales and should not be regarded as ungentlemanly behaviour or unethical sniping as all witnesses are there to assist the Court in its endeavour to administer justice. It has on occasions been the case in the past that 'partisan emotions have run high and fair criticism degenerated into biased distortions'. Such harm is now avoided by the high standard of forensic expertise which does not tolerate any 'wild, unsubstantiated theorising and should be destroyed by the medical witness for the other side'. In some trials there is a distinct imbalance of expertise and reputation between defence and prosecution, accentuated, says Knight, by a lack of professional forensic pathologists. Very good clinical pathologists from hospitals can sometimes experience problems when medico-legal matters are at issue and it is then not logical to complain about the 'unequal size of guns' if better expertise should have been obtained. On the other hand, it has not been unknown in the past, that counsel praised the stature, qualifications and impressive appointments of a charismatic medical witness who had the ability to out-shine the opinion of a lesser-famed pathologist. However, beneficial side-effects are possible even in contentious cases. Knight

gives the example of how a controversial case of stabbing led to some hurried but quite valid research on the dynamics of knife wounds. He also relates from his personal experience that quotations from standard textbooks by well-known authors are resorted to by either side, but more often by the defence. In his view, it is an ethical obligation not to push this too far, since quotes can be taken out of context, can run counter to accepted opinion, can be from an outdated edition and, in any case, need not make something 'Professor X' said sacrosanct.

Knight quotes from a well-known forensic figure in this country (not named) the suggestion that there is a 'hard way' or an 'easy way' in which defence and prosecution pathologists may proceed. If by common consent each side is completely open with the other and discloses all findings and opinions, friction will be highly unlikely. The hard way is playing the cards close to the doctor's chest, as obviously lawyers are accustomed to do. Knight much prefers for the medical witness the frank way: 'doing it the hard way may well present the second pathologist with a shambles of a semi-decomposed body and be invited to get on with it'. Friction is also a possibility if pathologists on either side work in the same area or even meet up in the same post-mortem room, but take a different view of a case in court. Diplomacy and tact is obviously needed in avoiding a reference to the case when working in such close proximity. One final point which possibly borders on the political is the attitude of the Home Office to disfavour their retained consultants acting in a trial on opposite sides. It seems to the Professor (who is himself on the Register) that this Home Office disapproval arose from a Civil Service dictum that no

section of the Establishment should be seen to criticise another, but would not be applicable here as the second pathologist is as much there to assist the Court as he is to help the legal representative of the accused to understand the medical evidence, and not to discredit a colleague. But, with this practice condemned by the B.M.A. as unduly restrictive and unethical, and forensic departments in universities now severely reduced, it appears that it is no longer strongly adhered to.

The Pathologist's Involvement in Major Disasters

Two American doctors (Reals & Cowan, 1979),[45] in discussing the role of forensic pathology in mass disasters, point to the instant headlines of a plane crash whilst the carnage of the modern highway is largely ignored. Their paper recounts the Tenerife collision of two 747 jet aircraft in 1977 which resulted in the deaths of hundreds of people with whom, in a large modern city such as Santa Cruz, there were no facilities to cope. To be precise, 577 badly burned human bodies were recovered, needing under Spanish law either to be embalmed or buried wthin 48 hours after death. There were no refigeration facilities for holding this large number of bodies and the dead underwent embalment by Spanish morticians within the space of two days, thereafter to be housed in individually numbered coffins. As the large hanger at the airport was completely unsuitable for performing the forensic tasks, and other facilities also inadequate, it was decided to move the bodies to the original boarding countries (America and Holland) following certification of death and release of the bodies by the Spanish

authorities. The American bodies were dispatched one week after the accident and the necessary clear-up of the wreckage and damaged runway.

The authors then discuss how the American authorities set about the forensic work concerned with identification. A task force of 120 individuals, consisting of an FBI fingerprint team as well as military medical and forensic dental experts, supported by a graves registration unit, was mobilized the same day to proceed under more ideal conditions with the meticulous task of identification. It took three full weeks to positively identify 212 of the dead, using body post-mortem, X-ray film, fingerprinting, dental examination and total body inspection. Airline staff helped with records and documentation from the families of the victims, enabling checks to be carried out at the large military mortuary at the Air Force Base in Delaware. Dental records alone allowed the largest number (some 70%) to be identified. Combined with fingerprinting, some 80% of the persons could be traced. California State requires all drivers to be fingerprinted and since most of the victims came from there, this helped in at least 10% of the cases to name them. Unidentified bodies were buried on a Californian Common Site in individually numbered graves, but allowing for reburial elsewhere should later identification come to light. It speaks highly for modern forensic science skills that 220 badly mutilated bodies could be positively identified.

These writers then draw attention to the long-standing prediction by forensic experts that wide-bodied jet aircraft disasters would find aviation authorities unprepared. This accident confirmed the

prediction, although the Spanish authorities tried very hard within time, distance, resources and the ambit of Spanish law, to deal with the immediate needs of the 69 people who survived the crash. The then ad hoc assembly of a forensic team required long distance communication on a weekend and American Military experts to travel from distant locations to help. The entire forensic involvement as a humanitarian activity (from which clearly embalmers cannot be excluded) brought much comfort to the victims' families. as well as assisting the legal formalities that inevitably have to follow. Since our culture requires the careful identification of dead bodies if mass burial is to be avoided, efficient disaster management is rudimentary. Unlike the long-standing expertise in this country evolved through the good offices and active participation of the old-established funeral directors, Kenyon Securities PLC, now a world leader in this field (see chapters above on Funeral Directors and Embalmers),[50] there was at the time no such group in the US to function quickly in an emergency other than the forensic experts of the Armed Forces. The authors expect, either by human action or mechanical failure, mass casualties to increase in the future and suggest the establishment of a worldwide forensic pathology system, sponsored either privately by industry or by government, as the obvious lesson to be learned from the Tenerife maleur.

Concluding Observations

This chapter is designed to provide a basic framework for those interested parties who aim to discover more about the ways and means of

a profession whose fluctuating fortunes have taken a downward turn over the years. Indeed, the Weberian view may be shared that medical science need not be restricted to doctors or pathology to be the sole concern of pathologists. This study endeavours in particular to inform about what the uninitiated think of forensic pathologists and about what the profession thinks of itself. In attempting this task its segments have been operationally defined, dramaturgical scenery has been constructed in work settings, attitudes revealed and the various connected associations identified.

In tracing the vicissitudes of this profession in a historical context, a key purpose was to ferret out a whole range of stigmas, some largely manifest, but others merely potential and not so blatantly obvious, that could be elicited only by closer examination on the part of the researcher. The indicators that taint, place a slur on or discredit were so far mainly obtained, drawn or inferred from a variety of secondary sources which forced themselves into view at the various stages of the discussion. The chapter now to follow continues the illumination of these anatomists, but in a different form, in that it will be set against or verify the details so far presented by qualitatively testing a central hypothesis (embodying the emergence of the occupational stigmas) with the help of the survey data collected.

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50. See this thesis Chapter IV, (Ghastly sidelines), pp. 16-18, and Chapter V indicates Embalmer-involvement in disaster work on p. 97(e). The register of volunteer embalmers which Kenyon and other funeral directors keep enables a team to be assembled in any emergency with some speed. The rota does not require a particular embalmer more than once or twice a year and embalmers are paid as if not absent from normal employment. Thus, the cost is borne by the respective funeral director, unless the embalmer is self-employed (in which case there may be a reluctance to undertake this task unless reimbursed in some way).

CHAPTER VIII

CONTENTS

HOW THE DEAD PROVIDE A LIVING – Focus on the Self-perception of Anatomists' Work

CHAPTER VIII

CONTENTS (Continued)

CHAPTER VIII

HOW THE DEAD PROVIDE A LIVING – Focus on the self-perception of Anatomists' work

INTRODUCTION

There is a general awareness among most of us that the concept of 'career' is still an elite institution in Western society if the term signifies a graduated sequence of increasing responsibilities within an occupation or profession. Such careers imply not only patterns and directions, choice and change, often associated with certain 'rites of passage' (as the previous chapter has signified) but also a way by which a person is judged and, more significantly, judges himself. Although careers imply this elevated position in society, there are certain occupations and professions which are beset by contradictions and dilemmas of status. This professional 'marginality' (to borrow Robert Park's[1] term 60 years ago to describe disaffiliated immigrants) attaches much so to death work as such and to anatomists in particular. Many years of study for the pathologist there may be, but then in recent literature to be referred as 'the weevil in the flour sac of Medicine', and more humouristically be described as a despicable creature vilified by his interest in the morbid, depraved by prolonged exposure to evisceration and dismemberment, must be disconcerting and disillusioning for a member of this speciality. (Surgeon-writer Richard Selzer, 1985).[2]

What of self-perception? Doctors have it. We all normally have it, an awareness of, and attitudes toward, our own psychic and biologic person. Such perception is part of the process of socialisation and learned in social interaction through the medium of language. It was Mead (1934)[3] who alerted us to the possibility of putting oneself mentally in the place of another when assuming a role, and Blumer, a student of Mead and Chicago School affiliate, who took to elaborating his mentor's ideas, particularly suggesting that what is meaningful to oneself is not so much reacting to stimuli as engendered by various forms of interaction. (Blumer, 1962).[4] These concepts enabled us better to understand an individual's life events in terms of careers and the way in which subjectively attitudes, aspirations and actions are linked objectively to opportunities and circumstances. Around the years of Hughes (1958),[5] with his prolific output of writings on work, occupations and professions, and Blumer, along came Goffman with his magical 'mini-concepts', whose point of departure from the by now impoverished symbolic interaction tradition, was the theatrical perspective of face-to-face relationships, defining a situation and managing an impression. (Drew & Wootton, Eds., 1988).[6] The dramaturgical aspects of forensic pathology work, as also the frankest revelations about the subjective experiences of these incumbents to be presented here, will lend further credibility to the concepts from the masters of social theory mentioned above and enrich such supporting evidence as already exists.

The discussion in the previous chapter leaves one in little doubt that the profession has in recent years acquired a damaged, if not a

spoiled, identity. The survey responses now to follow deal in part with such critical issues as lack of recruitment, the ageing of specialists and vulnerability in Court, which continue to bother the leaders and membership of this occupational group. They also address more personal questions that reach rather deeply into the self of incumbents, of which the reminder, through the very nature of their activity, that they themselves are merely mortal, is a fearsome example. But before embarking on the analysis of this data, it appears at this stage to be the proper place per contra to introduce information from a random selection of doctors who had deliberately chosen other specialisms than the forensic pathology field, and so illustrate by the reasons they give how post mortem and related work can be vilified with additional stigmas in the public mind.

TESTAMENTS OF REJECTION - Clinicians demand Bodies with Souls

This part investigates how Non-Forensic Pathologists feel about Forensic Pathology. The purely random selection of doctors here - 36 individuals in all - is not in the strictest statistical sense intended to serve as a control group. It is much more a barometer of antipathy towards a specialty that is apparently devoid of a patient orientation and healing properties. The responses were gathered through personal and patients' contacts (the latter willingly presenting my questionnaire to their doctors), with the sole aim to discover (a) why in their opinion recently qualified doctors do not wish to specialise in the field of forensic pathology; and (b) why these respondents

themselves have not been attracted to this particular branch of sub-disciplines. The personal details requested from this group were confined to age, gender and medical speciality.

Respondents' Specialities:	M	F
Orthopaedic Surgery	10	-
General Practice	8	4
Radiology	1	-
Psychogeriatrics	1	-
Paediatrics	1	2
Anaesthesia	-	1
Community Medicine	-	1
Opthalmology	2	-
Cardiology	1	-
Psychiatry	2	2
	--	--
	26	10
	--	--

Gender:

Male 72%

Female 28%

Age Groups % (M/F):

25 - 44.....58

45 - 65.....31

65+.....11

Ages Male %:	Ages Female %:
25-44.....56	25-44.....Nil
45-65.....19	45-65.....14
65+.....3	65+.....8

First of the two questions addressed to the Non-Forensic Pathologists:

It has been posited that there is currently a reluctance of newly-qualified doctors opting to specialise in the field of Forensic Pathology. Please give your opinion why this might be so.

In answer to this question a fivefold classification of the responses is attempted.

1. Lack of Inspiration or Information during Training.

(a) Lack of Information concerning this speciality.
(b) Undergraduate pathology lectures not inspiring.
(c) Little undergraduate teaching to whet one's appetite for the subject.
(d) In my day in college, it was a dull subject taught without inspiration.
(e) Exposure to forensic pathology rather limited during medical training.
(f) We were left in ignorance about the nature of this kind of work.

2. Negative Experiences.

(a) Option unattractively portrayed.
(b) Hated pathology at MD exams.

3. Obstacles encountered in choosing this Subject as a Career.

(a) Difficulties with finding a suitable training position.
(b) Too much competition for places on training schemes.
(c) Too few jobs available and a career structure not obvious.

4. Actual Dislike of Forensic Pathology Work.

(a) Forensic pathology remote, gruesome and unrelated to day-to-day medicine.

5. Positive Choices in other Directions.

(a) Students enter Medicine to treat live patients.
(b) Subject too far removed from the mainstream of clinical work.
(c) Pathology itself has been the more popular of choices.
(d) 4 (a) above also relates to this category.

Comments: given the variation of the specialties of these respondents, the expressed sentiments about the subject matter of forensic pathology have been remarkably similar across age and gender of the respondents. Unattractive presentation of this sub-discipline at medical school, if at all offered as a choice, a shortage of training places, lack of career structure as well as the acknowledged gruesome nature of the work, show clearly through as the perceived reasons for giving this specialty a miss. Not a single response expressed retrospective regret that forensic pathology had not been chosen, although a small number (some 5%) would have considered this option if their 'appetite had been whetted' at the point of making a choice.

Second question addressed to Non-Forensic Pathologists:

Please can you say why Forensic Pathology has not attracted you as an area in which to specialise.

It is once more convenient to establish categories and limit them to six this time.

1. Patient Involvement a significant variable.

(a) Enjoy treating patients and seeing the result of the treatment.
(b) My concept of practising Medicine was (said a retired GP) to treat, heal and comfort the sick.
(c) In forensic pathology work there is no continuity of care.
(d) I value patient contact and feel I am at my best when working with children and their parents.

2. Career Information and Opportunities.

(a) Small number of jobs available.
(b) Minimal undergraduate exposure.
(c) Lack of suitable training posts.

3. Distasteful Work Content.

(a) Dislike for dissecting specimens and autopsies.
(b) Too squeamish for Forensic Pathology.
(c) Prefer to use my technical skills in surgery.

4. Unsuitable Working Conditions.

(a) Preference for shared work than isolation.
(b) Working conditions (irregular hours, pay differentials, often the work environment) known to be poor.
(c) No choice to go into private practice (New Zealand Doctor).
(d) Not keen to embark on a life in the Civil Service (American Doctor).

5. Stressful ancillary Requirements for Success.

(a) Cross examination in open Court can be very stressful.
(b) A great deal of learning of law in addition to Pathology required.
(c) I don't wish to spend much time giving evidence in Court.

6. Adverse Images of the Job.

(a) I am repelled by close contact with crime and violence over one's whole working life.
(b) Forensic pathology deals with thoroughly unattractive situations and people.
(c) This specialty appeals only to a minority.
(d) Clearly an area of Medicine too close to the darker side of people's problems.
(e) One is isolated from colleagues as well as involved with ghoulish murder cases and there seems to be no positive aspect, such as Preventive Health.
(f) One assumes an increased mortality among those practising Forensic pathology (although this may be a trend relating to other doctors as well).

Comments: patient contact and the healing aspect of their work is clearly of great importance whatever the age group, gender and specialist category. Equally, the indication is that the harrowing image of forensic pathology work has not attracted them at the point of choice, whilst the essential legal studies and Law Court appearances

also have no appeal. The one exception was a woman General Practitioner who, although she enjoys clinical medicine, sees forensic work as an interesting specialty and has actually worked as a Police Surgeon for a couple of years and done post-graduate work in forensic medicine.

Concluding Observations: here and there in the responses to both questions one notices from the occasional chance remark by these non-forensic pathologists that a propensity to stigmatize exists as the examples below will show:

> "...a detached scientific attitude for Pathology and Morbid Anatomy is essential, and a twisted mind to enjoy Forensic Pathology in particular..." (Female GP, 67 years of age);
>
> "...there is also an impression that 'unusual talents' are required. I think a lot of people would find it very unpleasant..." (Male GP, 45 years of age);
>
> "...Forensic Pathology is a sub-speciality that is deeply disturbing to one's own psychic equilibrium..." (Male, specialising in Psychiatry, 46 years of age.)
>
> "...presumably appealing to only a 'small group' as it has little to do with sick, live people..." (Male, Orthopaedic Surgeon, 31 years of age);
>
> "...those who choose it seem to wish to deal with the unhappier and more unpleasant face of medical life..." (Female GP, 51 yeras of age).

As far as these non-forensic pathologists are concerned, the whole tenor of the views expressed attaches unmistakably an avowed label of deviance to the profession of forensic pathology and to its individual members the stigma of a spoiled identity (to borrow Goffman's term). The responses show the choosers of options on offer to the medical orthodoxy of healers to regard those 'different others' as distinctly

atypical careerists from the accepted norm, if not actually somewhat peculiar types. Moreover, there is a clear inference in the main on the part of the live patient opters that they themselves are to be seen as the normal ones in the profession of doctor. By comparison, the data analysis now to follow, will reveal how forensic pathologists have come to make their specialist choice, reflecting as it does no circumstances that would substantiate the clinicians' notion that there is a distinctive breed making the dead their lives' work.

THE FORENSIC PATHOLOGIST'S SELF — Drawing the Ore from the Data

As this discussion proceeds, these doctors (as yet 'distant others' because we do not at this stage know their inmost feelings about the work they do) will emerge with a two-pronged social identity that reflects self-perceived attributes of normality at the same time as it does an acute awareness that the image of a so-called spoiled identity is also there. In other words, one envisions in the two-phased sociologically depicted self the individual as a unique, creative, experiencing biological being alongside a socially constrained, regulated, predictable creature. (Plummer, 1985).[7].

A Brief Word about the Wasserman Report.[8]

The previous chapter has shown the steps that must be trodden to qualify and in due course attain in some cases Home Office recognition. As individual aspirants, a degree of occupational mobility may be an

essential endeavour - or as Durkheim would have it: 'For to live by a metier one must have clients, and he must sally forth from his house to find them...' (Durkheim, 1902)[9]...though they be quite dead when he has found them (my words). But as Hughes[10] reminds us, there is another kind of occupational mobility relating to that organised group members belong, namely of the occupation or profession itself. This profession already experienced problems in 1971, when the Brodrick Committee[11] was appointed. An adequate number of forensic pathologists was not available to the police and the whole service needed to be put on a sounder footing. Chapter VII of this study traced the problem and analysed the causes for the deteriorating position into which this profession has been allowed to slide. Leading members are not to blame for they have in articles of their journals and in meetings expressed their concern over the years. By the year of 1984, the alarming state of the service had reached Parliament and the Home Secretary established a Working Party to review the present arrangements and make recommendations with regard to organisation and funding; appointments and conditions of service; training and quality assurance. The Report became available in April, 1989, and a personal letter from a member of the Working Party advised me as on February, 1990 that a formal statement from the Home Secretary in the House accepting the recommendations is now awaited. This has been promised weekly since October last year and nothing will happen until this occurs.

Internals and Externals of the Corpse - Distinguishing Specialties.

Before grappling with the data, it is convenient at this point to reaffirm the distinction between a pathologist per se and a pathologist in the forensic field. The former as physician is interested in the causes, processes and effects of disease. He explains the living being by examination of the corpse and as soon as the dead cease to be human, they no longer hold any interest for him. That at any rate is Dr. Gonzalez-Crussi's view, himself a pathologist, and he adds that 'the long and continued list of contributions of pathological anatomy to medicine, stands as proof - a fact not researched enough by epistemologists - that, in conducting inquiries, it often pays to bridle the horse by the tail'. (Crussi, 1985).[12] Pathologists as such are essentially laboratory people, described more vividly in phenomenological terms by Dr. Ashley thus:

> 'Each working morning three or four naked corpses lie on the gleaming slabs equipped with hoses, sponges, bowls and knives, awaiting the duty pathologist. The examination probably takes about an hour, and is conducted with meticulous respect. The external appearance is particularly important in forensic work, less so in hospital cases. In the latter, it is the internal organs which are of interest and these are removed through a long incision from the pelvis to the neck. Individual organs are inspected and weighed: tubes such as the intestine, the windpipe, the bile duct, the coronary arteries, followed and opened through their length. Abscesses, tumours, blood clots, haemorrhages, deformed heart valves will all be noted and anything unusual discussed with colleagues from neighbouring tables.' (Ashley, 1987).[13].

Whether the eventual findings explain the anatomical cause of death and tally with the clinical diagnosis, or whether perhaps obvious clues have been missed, the post-mortem room or even the laboratory might well be regarded as medicine's 'Court of Final Appeal'. That is Ashley's view. From a sociological perspective, status enhancement through this quality control (and thus in a sense medical policing) enables pathologist to elevate what is often thought of by physicians as 'the dirty and obnoxious work of medicine', if not also reminding the graduates of their dissection routines during student days. So, proudly then, the pathologists see themselves as the 'Doctors' doctors in their perceived role as consultants to the clinicians.

As to forensic pathologists, with whom we are already well acquainted, they also are not seen as healers by the medical fraternity. Worse still is the dilemma when it is questioned whether indeed they are to be regarded as 'doctors'. They too act in a medical policeman's role, not only when they are on opposite sides in Court, and interpretation of evidence varies - as in a case where three defence pathologists performed separate autopsies on the same body (Maint, 1986)[14] - but also when there are discrepancies between an empirical setting of a homicide and the evaluators in the laboratory. Forensic, as other pathologists, are forever sensitive to forms of quality control and watch-dogging as they do not relish unpleasant publicity, becoming 'frozen out' of colleague networks or possibly infringing ethical codes. Prestige-wise, forensic pathologists have now been on a downward spiral over a period of 35 years, following the loss of their earlier historical status as medical fact finders and mediators between

the basic sciences and their application to matters clinical. The causes for the more recent demise of this profession have already been considered in some details in the previous chapter and the shortly to be presented evidence from the current generations of practitioners will be seen within the variety of subjective responses to affirm the state of concern. The distinction of the internals and the externals as sub-specialties within a specialty tend to become blurred in the environment of the mortuary. This has latterly found practical expression by the insistence of the term 'Forensic Medicine' for Forensic Pathology in some medical faculties of teaching hospitals. (Duckworth, 1989).[15]

Having earlier shown how Ashley perceives pathology work per se, Crussi's view on forensic pathology now forms a suitable comparison, perhaps not only to demonstrate how this activity appears to him, but also how this anatomist-writer (like the revered Goffman) manages to join words to sculpt refined meanings.

> 'The anatomical concept of disease has long consolidated, but its cultivation still requires as much conviction and scientific zeal as stomach. Perhaps in no other area is this more true than in the field of forensic pathology. There would be much to say of its proud record as a science. The investigation of poisoning, for example, extends from the naive Chinese coroners who used to test for poisons by placing a fistful of rice in a cadaver's mouth, then feeding it to chickens to observe untoward effects...There would even be much to say of the moral contribution of this science, since an essential part is...to uphold the rule of justice in human transactions.'

When physical death is perceived, the marks and signs of it are normally taken as visible 'on' and 'in' the body and viewed as a

container of all manner of facts, explanations and data on mortality. (Prior, 1989)[16] It is this aspect of visibility and observation in forensic pathology work that is so well brought out by Crussi's further expressed thoughts:

> '...but our concern is here exclusively with externals. To the forensic pathologist, the outward structure of death is usually the horrid effect of violence on the frailty of the human body. The field of study is men, women and children, cut into small bits, bludgeoned into amorphous, bloody tatters, carbonized by high temperatures, immersed in tanks of corrosive acids, bloated by prolonged immersion in water, half eaten by rats, tunnelled by maggots, skinned by abrasives, blue from asphyxia, cherry red from carbon monoxide, inconspicuously pierced with ice picks, or blown into irrecoverable shreds by industrial explosions. I confess to lacking the mettle requisite for looking beyond these externals into legal, moral and scientific considerations. Yet one aspect of these externals I find fascinating, and it is a central preoccupation of the forensic pathologist: it is the systematic study of the formalism of death, the careful canvassing of posture, gesture, and all extrinsic circumstances that surround individual deaths...the ways of entering into this world are limited, but those leaving it seem infinite...'. (Crussi, 1985).[17].

FORENSIC PATHOLOGISTS — Population and Response Rate

Total Number of Forensic Pathologists in Year 1987 (England & Wales)	48	(100%)
Less Non-responders giving no Reason, although requested	12	(25%)
	36	
Less Non-responders offering an Explanation or Reason	9	(19%)
Total Number of Responders	27	(56%)

Note: The Source for the Total Number of Forensic Pathologists in England and Wales is the List of Fellows and Members of the British Association in Forensic Medicine as obtained from the Hon. Secretary.

Non-responders' Reasons for not completing the Questionnaire:

1. Overwhelming pressure of work. If another copy could be sent the respondent would endeavour to help in the next few weeks.

2. This answer claims that it does not appear that my questionnaire has been received and the respondent would be pleased to have another.

3. Research questionnaires are no longer this doctor's flavour of the month and he is sorry to be the wrong person to be asked for a reply.

4. Some of the data requested seems to be of a personal and confidential nature to which this doctor is reluctant to reply...and more so as these were to be computerised...

5. From the Consultant's Secretary: Dr. X. has asked me to let you know that he is relatively inexperienced on the forensic side and does not feel able to complete the long questionnaire.

6. This respondent stated succinctly that he does not complete questionnaires of this nature.

7. Another claim that the questionnaire had never been received. (No response to the replacement copy sent).

8. The questionnaire will not be completed as the information requested is of a personal and confidential nature.

9. This answer states that all information regarding sudden deaths carried out in the department is strictly confidential and not therefore divulged to persons other than medical colleagues with a special interest in the case.

Observations.

Of the 21 respondents who have not completed the questionnaire the 9 above have at least given reasons after receiving two follow-up letters. Even so, considering that this is an overworked profession (which hard evidence confirms) the completion of the questionnaire from 56% of the whole population of Forensic Pathologists practising at that time (and not just a sample) may be considered a good response. Those asking for a second copy of the questionnaire (1,2 and 7) did not

complete this copy either. As to answer 4, the small number involved and the qualitative nature of the responses obviates the need for computer analysis. A special letter advised the doctor to this effect. Concerning answer 5, only one person with this respondent's initials could be traced on the Home Office List on which normally only experienced forensic pathologists appear. Finally, non-responder 9 has been advised that the medical causes of death are not a part of this research but this has not resulted in co-operation with the information originally requested. The following additional comments regarding this survey may be helpful:

(a) The number of 48 Forensic Pathologists was made up from the BAFM Register as already advised on the previous page and this source supplemented by doctors from the Home Office List.

(b) Each of the questionnaires sent was accompanied by a personal letter explaining in concise terms the rationale of the research. A special paragraph also stressed the confidential nature with which the names of persons and names of institutions are to be treated.

(c) To those who have not responded (21 of the 48), a follow up letter was sent and if then no reply, a further letter requesting that reasons be given for their non-response. This has attracted 9 replies.

Profiling the Population of Respondents.

Place of Birth:	UK	South Africa	Australia	Singapore	India	Shri Lanka	
	21	1	1	1	1	2	= 27

Age Groups: (Male & Female)
24 - 44,,,26%
45 - 65,,,63%
65+,,,,,,,11%

Gender Division:
Male: 26
Female: 1

Average Age:
Male: 52,5 years
Female: 30 years

Marital Status:	Married:	Divorced or Separated:	Single
	23	2	2

(85%) plus 4 (15%) make up the 100%

Children:	4 or more:	3 Children:	2 Children:	1 Child:	Childless:
	11	7	5	2	2

(85% have two or more children)

Ethnic Background:	White Caucasian:	Asian
	25	2
	(92%) appr.	

Religious Affiliations:

Church of England	14
Roman Catholic	3
Methodist	2
Non-conformist Congregational	1
Presbyterian	1
Hindu	1
Buddhist	1
Non-practising	4

Church of England (52%) slightly outnumbers all the other catergories.

Age at which formal Forensic Pathology Training was completed:

Stating a definite age between 31 and 40 years.....21 appr. 77%.
Assumed average age for completing formal training.....36 years but the majority of the respondents stated that further studies had been undertaken (such as for the Diploma in Medical Jurisprudence) thereafter. Most of the answers also attached such additional comments as

(a) Education is a continuing process;
(b) Education finishes only upon retirement;
(c) One assumes if asked, many would say it does not finish even then.

Occupation of Spouse:

Housewife (or no occupation given)	13
Nursing Sister or Nurse, full or part-time	2
Medical Practitioner (various Branches)	4
Secretary or Medical Secretary	2
Professional Artist	1
Laboratory Technician (when working)	1
School Mistress (retired)	1
Dietician	1

52% of the wives are not in paid employment and at least 9 work in a medical or related field (36%), leaving just the two wives employed as Secretary and Artist, and the School Mistress, now retired.

Leisure Activities
(Forensic Pathologists)

Age Group 25 - 44:

Natural History, Photography, Writing, Reading, Running, Skating, Swimming, Dog-walking, Eating-out, Visting Pubs, Home & Family, Orchid-growing, Music, Travel, Languages, Sailing, Hockey, Model Trains, Walking.

Age Group 45 - 65:

Cricket, Carpentry, Music, Hockey, Running, Golf, Reading, TV and Radio, Homelife, Climbing, Cycling, Gardening, Wine, Silver, Cars, Boats, Model Railways, Farming,

Antique and Art Collecting, Writing & Journalism, Walking, Photography, Snooker, Contract Bridge, Motoring, Reading, Judo, Minerology, Literature, Military History, Choral Singing, Fell Walking, Church Affairs, Rotary, Model Ships.

Age Group 65 plus:

Fly-fishing, Philately, Gardening, Walking, Piano-playing, Golf, Cooking, Shooting, Holidays.

Some Observations on the Profile.

If one could identify a typical forensic pathologist from this profile at all, the weight of the data from a 56% response rate of the population indicates that:

(a) the doctor is likely to be of masculine gender;

(b) born in the UK;

(c) with an average age of 53 years;

(d) often married to a spouse from the medical fraternity;

(e) with three children;

(f) of white caucasian background;

(g) and a religious affiliation of (mainly) the Church of England;

(h) having completed formal training at 36 but undertaking further study;

(i) engaged (time permitting) in at least 3 active or passive leisure interests.

Outward Approximations towards a Stereotype.

The profile projected from the predominant outward characteristics shown above is a good match of a forensic pathologist that the media has presented us with in the recent past. Of course there will be deviations, clearly due to differences emerging from the facesheet data

on display. But, much the more significant will be the subjective experience of their work from these doctors, and the values, attitudes and opinions reflected in the responses as defined by themselves. Before attempting this analysis, some annotations on the profile need to be made. One notes that very few women in this profession not (according to Dr. Green, 1990)[18] because the males wish to dominate, but more because the limited career prospects and the irregular hours make it unattractive to females. One observes also a trend towards an ageing profession of which members have long been aware, but their concern has only recently gained formal recognition in the Wasserman Report. There is an indication of the need for strong family support and a possible desire for the company of children as a therapeutic aid. (70% of the respondents have 3 or more children). No significant active religious participation is apparent, evidenced by such accompanying remarks as: C of E lapsed; very loose C of E; non-practicing; or, agnostic as time proceeds. There appears also a popularity of spouses to work in some capacity in the arena of medicine. As to leisure activities, this research does not attempt to discover the finer correlations, although a broad classification has been shown above as relative to age. No definite association (other than the over 65s engaging in less strenuous activities) has been detected that connects the work of a forensic pathologist per se directly with the leisure pursuits undertaken.

THE REALITY OF AGGREGATE STIGMAS – A Feasible Proposition to be tested by qualitative Means

The details gathered together in the previous chapter and the discussion in this one so far makes it quite feasible to erect a central hypothesis which has already earned credibility from a large variety of secondary sources and the fears expressed in speeches and writings about the declining state of this profession by a number of its leaders. To subject this central proposition to further scrutiny, six searching questions have been put to these doctors country-wide and the respondents encouraged to write down as it comes into their minds their innermost feelings about the issues posed. To restate, they touch on career choice and specialisation, the grisly nature of the work, consciousness of incumbents' own mortality, vulnerability as a witness in Court and perceptions of the public image the profession has. Whilst space here can be spared for edited extracts and a categorisation of the vital constituents only, Appendix ___ elaborates more fully the fears, feelings and concerns grounded in the data.

THE PROPOSITION

THE FORENSIC PATHOLOGIST, BEING BY REASON OF HIS WORK, A MEMBER OF A SMALL SELECT AND SEEMINGLY HIGH-PRESTIGE PROFESSIONAL GROUP, EXPERIENCES (nevertheless) AN ACUTE STATUS AMBIGUITY ON THE GROUNDS OF HIS AMBIVALENT IDENTITY ARISING FROM A LACK OF FEEDBACK, RECOGNITION, IDEOLOGY, AS WELL AS LAW COURT TRAUMAS AND UNSOCIAL DEMANDS OF TIME, WHICH IN CONSEQUENCE RESULT IN A NEGATIVE PERCEPTION (and frequently self-perception) OF HIS SOCIAL LOCATION WITHIN OTHER MEDICAL PROFESSIONS IN PARTICULAR AND IN A DISTORTED PUBLIC IMAGE GENERALLY.

FOCUS ON THE QUALITATIVE SURVEY RESPONSES

Section I. Generation of Interest in Forensic Pathology and eventual Choice.

> "...born and brought up in a hospital where my father was the superintendent, I became interested in morbid anatomy after (secretly) watching post mortems through an air brick in the mortuary when I was aged ten..." (Professor W.).

Before constructing a question why someone might be interested in forensic pathology and opts to specialise in such an unwholesome field, a researcher might well ask whether there is a fascination with death, a macabre interest in seeing blood, perhaps a slant towards investigative matters or an inherent aggressive instinct, later redirected to the cut and thrust of legal questioning and debate in Court. Whilst the seeds of aggression or a morbid anatomic curiosity might well be present in a small number, the data obtained yielded a bewildering variety of reasons, best divided into two main parts and conveniently summarised under categorised headings.

How early interest emerged:	Appr. %
1. Parent associated with medicine or law	11
2. Interest in science and laboratory work at school	22
3. No specific early interest in medico-legal matters	67

Note: the words 'early interest' refer mainly to pre-medical school life.

Later choice to specialise in the work:		Appr. %
1. Medical School:	my original interest in pathology was sparked off at Cambridge and St. Thomas' Hospital;	70
	interested in the diagnostic side of medicine got 'hooked' during my training;	

attracted by histopathology - it is more precise than clinical medicine and has a high status;

attended a guest lecture by Professor Simpson and emerged determined to become a forensic pathologist;

my undergraduate training offered a full course in forensic medicine;

my external examiner, the late Professor Sir Sidney Smith encouraged me to specialise in this field;

interested in forensic medicine but not my original ambition, which was to become an obstetrician and gynaecologist;

I went to medical school to become a doctor in order that I could then specialise as a forensic pathologist and eventually get on the Home Office List;

Professor Webster first generated my interest as an undergraduate;

my interest dates back to student days and on return from National Service was advised by the Dean to enter this branch;

was always interested in pathology as a medical student and forensic pathology seemed a rewarding challenge and had benefits to the community;

			Appr. %
2.	Derived Interest:	became involved in forensic pathology as a young Government Medical Officer in Malawi and later Zambia as an initial interest but never to return to the previous role;	22

as a consultant Neuropathologist had an interest in and desire to research into head injuries which required autopsies for the Coroner who then asked me to take on cases of crime associated with such injuries;

my interest is morbid anatomy, but had no choice as no one else was available to

deal with the forensic side;

original interest and challenge, aided and abetted by necropsy work as a NHS Consultant Pathologist, and later on behalf of the Coroner, got me more and more involved with the local Constabulary. This mainly because the local Home Office Pathologist was some distance away;

			App. %
3.	Chance Vacancies:	a chance vacancy at my own medical school drew me into forensic pathology and I decided to try it for a year because I liked the head of Department...:	8

chance: my first appointment was with a Home Office Pathologist who took me with him on many 'call-outs'. My later career after more study took me to Canada as a consultant in the field for the Department of Justice.

Comments.

In questions of occupational choice, the early endeavours of the Americans Ginzberg (1951)[19], Blau (1956)[20], and Super (1957)[21] spring to mind. In their theorising the individual is subject to a process of stages in the course of which he becomes gradually aware of his interests and capacities and the social environment within the (as yet) vague conception might later come to fruition. As is usual, pioneering ideas attract criticism by those who attempt to refine them. So in this case, Ginzberg's scheme, though narrowing choices through time, ties it too closely to age and the US educational system. Roberts (1975)[22], a British sociologist, does not favour the stage process at all and instead stresses the importance of opportunity as a key concept. Super believes in the self-concept when a decision is

made, but this is to be related to work roles to achieve an equilibrium. Holland (1959)[23] argues similarly. His and Super's may be seen as a 'chicken-egg' approach. Work and personality may sometimes be compatible, although it is also true that the latter and the self-concept exhibited are often shaped by the nature of the work. Others also have made useful contributions to theory (Musgrave, 1974[24], for example, attaches great importance to anticipatory socialisation). By and large pre-work influences cover family, class, education, gender, race, peer group and media. These variables may then be related to the person in terms of attributes such as his aspirations and knowledge, and these linked to the environment - the occupational structure and finding a place in it.

The intention in presenting a brief view of where we are with our knowledge of occupational choice (and 'choice' is not always the appropriate term as not every seeker has a choice), is merely to relate it to the survey responses of the doctors in <u>two</u> ways: <u>firstly</u>, to show that parental and school influences played a part but not a large part in the emergence of early notions of choice and also, on this evidence at least, that a large body of school leavers had not even then formulated any definite vocational objective. Possible reasons may be (a) lack of exploration because students were immersed in the educational demands needed for advanced studies, and/or (b) that no suitable vocational guidance was available to them. <u>Secondly</u>, there is the question of what motivating influence it is that causes a doctor to opt for a particular speciality. Whilst some models of occupational choice touch on the problems of initial and subsequent job choices

(Timperley's, 1974[25], is one), no concept seems to be offered by any of them that would help to explain theoretically why 70% of doctors in this study opted for forensic pathology as a career path to follow. The data shows that these decisions were made in medical college. It would appear that they were stimulated, attracted, interested, advised, encouraged, prompted, even urged, by enthusiastic and charismatic tutors. It is (to coin a term) socialisation by '<u>mentoring</u>'. This influence can occur at the induction stage, at tutelage, at lecture periods or field work, career interview, and a formal or informal permeating one throughout the course. It may be transmitted on a subject basis (as a contribution to medical knowledge) or social basis (to project the detective image).

What is also clear from the evidence obtained, in contrast to the stigmatizing allusions by the non-forensic fraternity discussed earlier in this chapter (that those who enter this field are likely to be peculiar personalities or odd types) is that these discrediting suppositions or labels are quite speculative and present at best some scope for separate psychological research.

<u>Section II. Why young doctors avoid this Speciality - A Forensic Pathologists' View</u>.

> "..career prospects poor; few full-time posts in the subject; unsocial hours; dealing with decomposed bodies; hanging around Courtrooms; fear of cross-examination; fear of infection (Hepatitis, Aids); poor pay; little relief cover; need to perform many autopsies; few facilities for research." (Professor K. and Dr. H.).

"...all these influences and probably many more interact and cause a series of self-destructive vicious circles...in my view, the reasons for the crisis in forensic pathology are multiple and inextricably mixed..." (Dr. L.).

Whilst the commitment of those practising is not in question, the feedback from over half the incumbents in England and Wales confirms that they are only too aware of the conditions that have accelerated the decline of the profession. Hence, the effect on recruitment continues to cause general concern, has long alarmed the seniors and more latterly also the establishment, who had been told that both the universities and the National Health Service (the twin sources of this advice) were no longer prepared to provide forensic pathology services as a 'by-product' of their principal activities. At the present time the Wasserman proposals for a unified, centrally-directed country-wide service, setting out specified conditions of work, quality control and funding are now one year old and still awaiting action. The tenor of the answers in this research is clearly one of exasperation and despair that this erstwhile prestigious occupation has been allowed to become (what Dr. M. has called) an 'orphan' profession.

Blemishes related to Work.

(a) Career Structure and Prospects:	Appr. %
No proper career structure - lack of posts and prospects University Departments in the field are closing down The old part-time NHS Pathologists are not being replaced Government Bodies are freezing jobs	14

(b) Training:	Appr. %
Undergraduate provision for this specialty are dwindling Students are less exposed to the subject, less chance to develop an interest in it No training is given in Court Work Behaviour	11

(c) Attitudes: Appr. %

Students are initially more clinically oriented and interested in healing There is an intra-professional status debasement - Forensic Pathologists are often denied the status of 'Doctor' Students are viewed as not so dedicated these days - and also reluctant to accept the pressures placed upon Forensic Pathologists by the Police and Post Mortems	11

(d) Work Organisation (including Work Content and Working Conditions): Appr. %

Financial Insecurity - Arbitrary Pay Structure Overdependence on Coroners' Work Shortage of Staff - little chance to spread the work which means overwork for some Mortuaries not centralised - thus much travelling day and night Large amounts of time spent in Court - often wasted Autopsies - history scanty or unhelpful, or often not available No paid holidays, sick leave or pension provided Little opportunity for part-time work No cover for those out on a case Not much visible research done - which normally attracts students Income depends on Police and Coroner who can withhold support without giving a reason Lack of variety in everyday work - many routine autopsies Stress of Cross Examination in Court - Counsel challenging one's opinion Mutilated Remains - autopsies very unpleasant A high-risk profession - Contamination of Disease The Self-funding nature of some departments makes for excessive bureaucratic paper work Forensic Pathology not a part of the NHS, hence no central direction Difficult to transfer from Pathology into the Forensic field.	64

Comments:

An elaboration of all these points can be found in Appendix ___ which makes for interesting reading. The responses make it very clear that

virtually the whole profession is extremly unhappy with its status in society generally, and within the whole medical fraternity in particular. Further, the evidence suggests members to be acutely aware of the deficiencies in career prospects, recruitment and the conditions under which they are employed. A grim future for the service is predicted unless the Wasserman proposals of April, 1989 (see page 8 of this Chapter) provide the conditions for urgent remedial action. All the answers were obtained from practising forensic pathologists who were asked to draw on their contacts, knowledge and experience to explain what are, or might be, the reasons why young doctors are relucatant to specialise in the profession.

The self-perception of some of the respondents reveals an acute awareness that their chosen profession is tainted by stigmas. Incumbents believe that the non-forensic practitioners are critical (at times with justification) of the dubious scientific quality of some of the opinions and practices of certain members. The specialty is also rather frowned upon as inferior by Histopathologists (who specialise in the microscopical examination of tissues) involved in the training of junior pathologists whose values they may influence. In this way candidates have been known to be dissuaded from entering this field. There is a mention also of a supposed prevailing view in the community at large that working with the dead is 'infra dig'. Poor public relations (suggest some answers) can be traced to forensic pathologists from the past, who could be seen as 'publicity-seeking' individuals for whom personal aggrandisement was more important than the specialty.

Dealing with decomposed bodies, fear of infection, high risk of reputation in Court, lack of research, bad press (e.g. the case of Helen Will, Helen Smith and Lindy Chamberlain), resentment by academics that forensic pathology has a place in a university at all (and often labelled a 'Cinderella Subject' with no academic status by medical students), or seen as a miserable, low-morale department in the university setting, having been voiced as only some of the multiple characteristics that attach stigmatizing propensities to this profession. One quote, typical of the prevailing state of morale is 'that the senior forensic pathologist in the Second City has no department, not even a secretary, and the whole service is a sort of ad hoc arrangement quite unlike other medical specialties in the National Health Service'.

It will be appreciated that the respondents answered in the light of their own experience. Thus, if one or two only complain about the absence of a provision for holidays, sickpay and pension, it does not mean that the rest is unconcerned. It merely suggests that others feel more strongly about matters to which they attach priority. Dr. L.[26], a very experienced pathologist, attended in 1988 a meeting of the Presidents of Pathology Colleges from the United States, Canada, Australia, New Zealand and South Africa. The views about the state of the discipline expressed by these leaders were somewhat different from those obtained in this country and make for an interesting comparison. Firstly, the decline of the specialty is attributed to:

(a) the lack of any modern scientific content in forensic pathology, and the fact that such advances of science as come to the fore do not seem to apply to this discipline; and

(b) the poor quality of the practitioners.

The absence of a career structure (often put forward for unsatisfactory recruitment) was discounted by the South African President because (he said) there were at least six Forensic Pathology Chairs which, on account of a dearth of suitable candidates, they are unable to fill. The Australian representative expressed a similar sentiment. One assumes, however, that the reasons for the crises in the different countries will clearly be multiple and inextricably mixed, as well as relating to local conditions not necessarily similar to those in this country.

Section III. How Forensic Pathologists cope with the 'grisly' and 'polluting' work.

> 'After 20,000 autopsies I still wonder, when slicing a brain, what it was thinking some hours earlier'. (Professor N.).
>
> '...overtly the job has no effect on me, but I have discovered that other colleagues share with me disturbing dreams, usually of performing autopsies on my own family, when one cannot replace their organs and they are still alive!'. (Professor N.).
>
> I remember asking Professor W. how he coped with decomposed bodies. He said he had no trouble at all, except when people near him were vomiting. That made him feel nauseous'. (Dr. V.).

This kind of work is often referred to as grisly and polluting, particularly in the media. (One good example is drawn from Sue Lawley's conversation with the late Professor Simpson on BBC1, transmitted in March, 1982).

Sue: It is thought inevitable, isn't it, that the first thing that strikes a layman, when hearing about the sort of things that you do, that he is, to some extent disgusted, revolted?

Professor Simpson: Yes, I think that's true, but he doesn't come round with me before he looks at it as a disgusting, revolting, smelly, nasty sort of job.

In conversation the Professor let it be known that he doesn't really like the word 'grisly' and that in his opinion forensic pathology is one of the most fascinating subjects that any young medical student could look at. At the age of 74 at the time, he continued to work his 'slab side' (Lawley's words), as opposed to his bed-side manner...

The question posed to the doctors in this survey refers to the effect on incumbents NOW and in the earlier stages of their career in the field. Most of the answers concentrated on the first part and those who touched on the second part of the question simply suggested (a) there had never been a problem, or (b) that familiarity and experience soon enabled them to make a satisfactory adjustment. The more detailed responses will be found in Appendix 4, but one or two quotations of the less usual kind may be of interest here. One such answer claims interest in anatomical dissection from an early age that started with plucking and pulling chickens at 9 years of age. Another suggested a process of natural selection whereby those who find the work offensive either never enter forensic pathology, or, if they do, they soon give up. The approximate ratio betwen (a) and (b) is 62:38.

Coping propensities as experienced practitioners now may be suitably categorised under three headings:

1. Interest of the Problem-solving Kind, Appr. 44% i.e. challenge and interest in the task outweighs the unpleasant factors, e.g.

After undergraduate medical education now well aware and mentally attuned...

After many years working on 'grisly' cases, I do not find such scenes upsetting...

One accepts this and gets on with the work...but I do get irritated when people give one funny looks and think I must be some sort of pervert to enjoy this work...

At least overtly no problem...the alleged 'grisly' and odorous aspects are of no consequence as the intrinsic interest of the job far outweighs any distaste...

The realisation that one can perform autopsies and remain physically safe by taking appropriate precautions...helps in coming to terms with this aspect; early contact with formalin-fixed anatomy specimens soon reveals interest...

Now less disturbing and a challenge...I am able to switch off and not ponder over details of each case after an autopsy...

2. Moral and Social Value of Forensic Pathology Work, Appr. 22% emphasizing values, e.g.,

In a nutshell, you have to be able to relate your work to the welfare of the living to overcome the effects of working with the dead

I tend to have sympathy with the accused as well as for the victims, however, someone has to do it - it's like emptying dustbins or cleaning sewers - a necessary social service

I think that many of us doing forensic work find (the extreme degrees of man's inhumanity to man) this the hardest aspect to face, particularly crimes against children. However, face them we must, to establish truth and bring about justice without which the fabric of our society would crumble...

Much of forensic work is routine, yet by being observant we may save lives. Hence a triple purpose is served: detection and prevention of crime, as well as discovering a future threat of (or previously undiscovered) disease. This work is an adventure of exploration...

3. <u>The Scientific and Professional Approach</u>, stresses self-control and the professional role as a scientist, e.g.
<u>Appr. 33%</u>

It is no problem, nor was it ever one. Pathologists are primarly scientists

...when the average person sees his first surgical operation, serious accident or attends his first autopsy, he often feels squeamish...one must assume a detached attitude to these things and grisliness is largely suggested by the lay press or novel writer. One must not become emotionally involved, which applies to all branches of medicine

I am too busy worrying about the scientific problems these things pose...you will find that most forensic pathologists have a well-developed sense of humour, which is very necessary if one is to preserve even the outward semblance of sanity...

The only true risk of disease at post mortem level is Tuberculosis. Hepatitis B and Aids present no real threat to the pathologist provided he practises a good technique...the so-called grisly aspect is not noted in one's desire to be completely factual and scientifically correct. One is thinking all the time of the possible Courtroom in 3 to 6 months' time...

As a young doctor I had to examine exhumed corpses, mangled bodies from explosion and tribal warfare...in the same year as medical officer in charge of a famine relief camp, I saw hundreds of people (mostly children) dying from illness and starvation. I cannot remain indifferent to unpleasant events, but one very quickly achieves - partly as a result of the investigative and analytical process - an attitude of detachment which normally means one is rarely affected

...one suppresses one's mental anguish in an attempt to record the facts accurately and in detail to ensure that the evidence presented in Court is as good as possible...

<u>Comments</u>: The frankness of these answers (of which a fuller account is to be found in Appendix 4) is at once commendable and revealing. After all, these doctors let their 'professional hair down' without ever having personally met the researcher, who, moreover, is not a person in the medical field. There is hardly any concealment of possibly the grimmest of any activities in a job (to an outsider, at

least) namely that of cutting up a dead body. Nor have most of the responses attempted any kind of ego-protection in the sense in which the admirable Hughes (1958)[27] coined the term 'Blinders' - meaning value-laden, high status collective pretentions evolving occupational groups tend to seek. Of course, the reason must surely be that one is considering the social drama of the work and not matters encroaching upon their specialty. The claim is that the dirty work cannot be delegated to others, although it has been suggested that some of it can (see 57). Such work is normally readily accepted as an intimate part of the very activity which tended to give the incumbents of earlier decades their charismatic public image, in contrast to the healer-doctors, who are frequently not averse to wounding the egos of those in the humbler hospital occupations by passing the dirty work to them. (See Hospital Porter Case Study, Saunders, 1979, Appendix 3).

The professional socialisation of medical students is somewhat peripheral to this study, although answers to such questions of what factors sparked off early interest in forensic pathology and later decision to specialise in the field, are not inconsistent with the researches of student physicians in America initiated by Merton in 1952[29], or the study of 'Boys in White' began in 1956 under the direction of Howard Becker[30]. Both these investigations illustrated how, during the course of becoming a doctor, ideologies tended to be subject to variations. Remarkable in this section of the responses is that some 84% have been able to cope and come to terms with this work during the earlier stages of their careers. It is probably dangerous (without further research) to claim - as some answers ventured to

suggest - that this stamps them as a special breed, separate from the rest of the medical fraternity.

Doctors in general seem to regard lay people as emotional reactors to anything that relates to the human body. Hence, such people find bodily fluids disgusting and mortality frightening. In contrast, the pathologist's response is towards coming to terms with the gruesome nature of the work, to act 'professionally', to put emotions and personal feelings aside, or exercise control over them as learned in medical school. Such answers as: becoming attuned mentally; treating the activity purely as a job; seeing it as a necesssary service like cleaning sewers; cultivating a detached attitude; and treating the work as an exploration on an intellectual level, could all be seen as a replacement of the cultural taboos with a modicum of rationality and emotional detachment. A good 70% from the three categories appear to take such a position, but would include also those who see the role of crime detection and prevention as a necessary social service or a contribution to the welfare of the living.

Close to 30% (in the full appended responses) concede that they are psychologically affected by such answers as: feeling sad about unnecessary violence; the work causing distaste; distress caused by child murder and sexual abuse; incumbent worried about own normality; mental anguish has to be suppressed; sympathy with the accused; finding the glee in senior colleagues disturbing; needing a sense of humour; sharing with colleagues disturbing dreams; active imagination visualising the pain when death has obviously been agonising; in

heart-rending cases it is possible to do the job and still retain a real sense of pity and humanity. A small number of replies could be grouped under broader philosophical rationalisations, examples of which are: life has to be accepted as a whole, with its pleasant and unpleasant aspects; or, there are psychologically threatening elements in all branches of clinical medicine. Over and above this tentative classification arising from the various responses, incumbents will clearly also be affected by the conditions prevailing in individual work settings and the personal impact of their experiences and seniority.

Section IV. How to cope with the Dilemma of being reminded of their own Mortality.

> "A lot of the time I don't (have not learned) to cope. I develop a glib humour as a protective skin. Also, I smoke too much, drink too much, burn the candle at both ends, and do not expect to enjoy (if that's the word) a long and happy retirement. More seriously, I do not fear death - it's just that some modes of dying aren't very nice, so I shall try to choose mine in due course". (Dr. J.).

> "Once they are dead - or even terminally unconscious - I find no further interest in this aspect. To me, a body is merely a machine for transporting sentience, the latter expiring when the machine fails...as a convinced atheist, my own mortality is a matter of complete indifference to me. I am no concerned with death, only with the manner of dying...". (Professor N.).

The professional role of the respondents requires that dead bodies are handled frequently and in doing so it is likely that they are reminded of their own mortality. This may well be regarded as a kind of in-built dilemma with which these doctors have to learn to cope. Appendix 4 contains the more detailed edited answers which in this section are briefly identified under three distinct categories.

1. Reminded or not reminded of own mortality through their work.

Reminded -

Yes, possibly the reason for choosing this career
One wonders about one's own 'quietus'
I feel it more than most, I imagine
It does affect me - I burn the candle at both ends
These problems are not restricted to forensic pathologists
Yes, I am reconciled to the idea of death
I am well aware of death as I get older

Not affected -

The work does not make me worry about death
I can remain detached, job and mortality of self are separate
Too busy to dwell on this question
I am an atheist - ludicrous to think otherwise
At heart I am a fatalist, so do not fear death

Reminded, but by other factors than the work.

Don't need to handle dead bodies to be reminded
It is my religious upbringing that reminds me
More potent is the increasing loss of one's friends

2. Degrees of Coping.

By saturation with death in the course of work
By the 'it couldn't happen to me' approach
By simply regarding the body as a machine that fails
By enlisting religion - Christianity, Buddhism
By getting support from non-medical friends
By resorting to glib humour for protection
By keeping the psyche stable through one's way of life

Coping less well -

death affects me; have never learnt to cope
forensic pathologists are prone to suicide

3. Using philosophical (or sociological) rationalisations.

One copes as tomorrow may never come
As a rule, the emotional interferes with the rational
The death of a colleague makes a greater impact
Some cases affect me more, but the job must go on
Depends on one's outlook of horror and triumph
One learns to live with these problems
I guess a corpse hasn't much to think over
As Gabby Hayes (in the early Westerns) said:
'if the bullet's gotton your name on it, it's gonna git you!'
Qualifying in forensic medicine leads to alienation from the rest of medicine

Note: It is pointed out that those who say they have not learnt to cope are in fact coping as they are in the job and doing it. It may also be noted from the detailed responses that there is often an overlap of or justification of a contradictory feeling. For example, the professor who may regard the body as a machine with sentience expiring when that machine fails, may still have great compassion, feel despair or agonise over certain cases where the manner of dying is involved. This may be the case whether he is an atheist or not.

Degrees of Coping - Approximate Percentages:

Coping by various means.....63%
Employing philosophical rationality.....22%
Coping less well.....15%

Comments:

Once again, the candour and sincerity of these doctors is particularly striking. They do not, as they might easily have done, slide over or shirk matters that go to the very root of one's soul - their life and death. The value of the answers is not just in the discovery how the respondents cope with the daily reminder of their mortality, but in their attitudes towards death that are being revealed through visually

encountering it (via the dead bodies) on every day of their working lives. One can only express surprise that coping propensities in a psychological sense have not yet found their way into the curricula of medical education in death-related work. It has been a puzzle for some time to discover why (as some respondents have claimed) the suicide rate among pathologists is higher than that of other members of the medical profession (see A. Keith Mant, 1987[31], A. C. Hunt, 1987[32]) as well as why some of the erstwhile charismatic leading lights in this profession committed suicide at the very end of their working lives, when it may be presumed that stress arising from it is no longer a problem. Maybe the answer to this question can be read into a clue offered by Doctor J.:

> 'I do not fear death - it's just that some modes of dying aren't very nice, so I shall choose mine in due course',

intimating intention of an action really carried out by at least four in recent years (whom Professor N. said in a personal letter to this researcher he could name). The reasons for and the extent of forensic pathologists' suicides is, however, beyond the scope of this research.

One of the respondents (Dr. V.) perceives the qualified in forensic medicine as alienated from the rest of medicine and remarked on how few would be willing and able to remove an appendix (from a living patient) or stop at an accident. This is topped up by some other responses which suggest that the forensic pathologist's authority is merely over the body as an 'object' rather than a live person. To quote: '...when

your life has finished the body is left for a short time and that is that...I guess the corpse hasn't much to think over...' (Professor C.). '...if anything, my work has reassured me as I find that a dead body does not really resemble a living person'. (Dr. E.). Responses of this nature clearly deny the forensic pathologist doctor status by his own cohorts, who may perhaps be unaware that by following the ethos of the body as a lifeless object, they therefore (rightly or wrongly) are abstracting it as a 'non-patient' and so themselves as non-healers. And yet, as an interesting counter-paradigm, there are also frequent references in the answers to mortality as a concept that affects all those practising medicine and therefore reflecting a 'doctor' identity. This obvious ambivalence conjures up once more the 'JANUS EFFECT' that served us earlier (see Chapter 2, p.90) to illustrate a condition which at one and the same time symbolises what is publicly esteemed (e.g. the profession of doctor) and what is culturally offensive (e.g. manipulating dead bodies).

Section V. The Forensic Pathologist as an Expert Witness in Court.

> "...we practitioners are at the moment isolated and 'one-man-bands', which is unhealthy. Also expert witnesses are often used as 'scapegoats' by lawyers when sensational events happen in Court...". (Dr. A.).

> "...the facts of a case are seldom in dispute between the prosecution and the defence pathologist, but the interpretation may be. This should be resolved before the case comes to Court so as to avoid 'trial by ambush'...". (Dr. B.).

This question refers to the extreme vulnerability of the professional member when giving evidence in a Court of Law. This has indeed presented problems in the past as, on occasions, discredited opinions

have harmed and even destroyed careers. Respondents were asked for their views how such a role might best be played. The answers divided broadly into general statements on suitable conduct in Court as well as specific, meaningful narratives or personal, and at times, stressful experiences, imposing a blemish upon the professional credibility of the incumbent concerned, which may permanently undermine his reputation and career. (Appendix 4 offers an account of the detailed responses obtained). This survey question was meant to be addressed to Forensic Pathologists rather than to Forensic Scientists, although a small number of answers made references to the latter. As these two functions are often confused, it may be helpful to clarify the distinction once more before the categorisation of the responses is attempted.

Forensic Scientists and Forensic Pathologists - the specialist role distinguished.

According to the Home Office Research Report 92 (1987)[33], the Forensic Science Service (FSS) exists to provide impartial information about cases submitted to it involving physical evidence from scenes of crime, such as broken glass or blood-stained clothes. Staff of the FSS ar not medically qualified although some, as biologists or chemists trained to degree level or beyond, carry out sophisticated analyses of human remains. These scientists do not normally deal with fingerprints, considered by and large a most clear-cut form of evidence at the scene of a crime. The FSS is not a secret organisation but has tended to adopt a low profile towards the outside world. Even some

police officers (who have made use of it) feel unsure about what it can or can not do. The FSS does not produce an annual report and little has been published regarding its work.

The work of the Forensic Pathology Service has been discussed in detail already and constitutes the main area of this research. To distinguish it briefly from the FSS, it is a small, separately organised group of doctors, called upon by the Courts to provide medical explanations of causes of death. The Brodrick Committe[34] (set up to report on Death Certification and Coroners), already referred to in the previous Chapter, in its 1971 Report points to the erstwhile role of forensic pathologists (a century ago) as the principal adviser to the police and the coroner, but later uses the term 'forensic pathology' in a more restricted sense as a responsibility simply to undertake the post-mortem examination of bodies found in 'suspicious circumstances' in order to establish, as far as possible, the cause of death. The Wasserman Report of 1989[35], which also contains this information, stresses the forensic pathologists' vital role in the criminal justice system of this country.

1. <u>Critical of the System</u>.

> The vulnerability of the professional member (expert witness) is a direct consequence of the adversarial system
>
> Under the present system practitioners are isolated (from professional inter-checking) and work as 'one-man-bands'
>
> I do not believe that the witness box in a Crown Court is the correct place for differences of interpretation and opinion to be debated.
>
> The scientist as an expert witness in Court is on foreign territory...it is not in the interests of the profession for

experts to be seen squabbling in open Court - when they are merely being used as tools by the legal profession.

Secret technical defences are now no longer allowed - I managed to start the agitation which led to Section 81 of the Police and Criminal Evidence Act, requiring scientific evidence to be declared beforehand

2. Opinions on how the job (of acting as an expert witness in Court) should be done.

Should expound only proven theories and make no unsound scientific observations

'To thine oneself be true' - it has from time to time made me unpopular

The stress of Court work is more difficult to cope with than the intrinsic medical side of the job

If the general standard of forensic pathology were higher, room for disagreement would be much smaller

The forensic pathologist must be prepared (in Court) to 'put his mouth where his pen was' (justify what he put into his report)

The standard of proof or justification for an opinion is so much higher in Courts than it is in a therapeutic or diagnostic situation...

The forensic pathologist cannot possibly be expected to keep up with the explosion of knowledge, even in his own field...

I have always taken the view that the position is analoguous to a professional boxer, no one wins them all and if you take the money, you may also have to take the stick that comes with it

One is unfortunately not in a position to correlate wounds to any blows, as one often has to do the job without the benefit of evidence in front of the Court

Court appearances are undoubtedly the most harrowing aspect of a forensic pathologist's duties, but there are ways to minimise the anxieties...

The eminence of one's status makes the acceptance of one's views more likely

In the witness box, one problem is often to answer difficult scientific questions 'off the cuff'

It is often not a matter of 'true' or 'false' but weighing up probabilities

3. Harassment or other unfair Treatment by Counsel.

Expert witnesses (such as forensic pathologists) are often used as 'scape goats' by lawyers when sensational events happen in Court

'Trial by Ambush' would be avoided if the interpretation of fact were to be discussed and agreed upon between the prosecution and defence witness before the case comes into Court

It is not unusual for counsel to ignore facts which are not helpful to their case - I have now adopted a far more cynical approach to giving evidence...

There is a general undercurrent in the profession that the forensic pathologist may himself be placed 'on trial' in the witness box to win a case for the defence...

It is all a game for the legal profession and the barristers are no more than actors on a stage...

The Clift Case as indicative of legal threats to occupational status of Forensic Scientists and Forensic Pathologists.

Dr. Alan Clift[36] himself as the (then) Secretary of the International Association of Forensic Sciences advised this researcher in 1984 that the unwillingness of candidates to enter this specialism has (in his view) at least partly to do with the possibility that their professional status may be undermined and damaged without an adequate opportunity to reply in defence of one's case. This undermining and damaging is done by members of other professions (such as the law) who in our society have privileged or other favoured opportunities to provide unilateral comment. Dr. Clift has been accused of simply trying to aid police by not including vital evidence on blood groupings in the case of John Preece, the lorry driver jailed for life for the murder by strangling of a woman from Aberdeen, but later freed.[37]

The lessons that emerged from this tragic case appear to be: withholding some evidence, giving opinions not backed by scientific evidence, and giving evidence that lacked accuracy and scientific detachment on the part of Dr. Clift. Problems with the legal adversary system can also be identified: conflicting scientific evidence from expert witnesses confuses a jury, who are inclined to accept more from the one who holds himself out to be an advocate of his cause as against that expert who is less famous but objective. Also, under the present system, the parties are at liberty to choose what expert they wish to call to give evidence, and expert witnesses are not obliged to state what their evidence does not prove, which in any case may be difficult under a question and answer system in cross examination. Further points to note are that, unwittingly, volunteering inadmissable evidence may lead to a mis-trial, whilst, additionally, neither prosecution nor defence lawyers may be clear about complex scientific evidence and reluctant to ask for clarification in the course of the trial in Court.

One grievance of Dr. Clift is that he could not properly defend himself because Home Office employees are bound by the Offical Secrets Act. No one of the (then) 87 scientists working there were able to speak publicly about the Clift case. It was known that they were angry about suggestions that implied that his alleged faults were in fact the standards of the profession as a whole. Moreover, they were also upset by the implication that Dr. Clift was victimised as a relative newcomer by those who wanted his position as biology head of the section. Dr. Clift firmly believes that he was the victim of a fundamental change of attitude in the top levels of the Home Office about the way forensic scientists should do their work. Following his training, he always believed it to be his duty as a scientist investigating crime to draw conclusions where they are justified and be prepared to tell the Court his expert opinions. But now, says Dr. Clift, it seems experts are discouraged from giving any firm opinion to the Court. They must restrict themselves to the bare facts, even if this means dumping on to a jury a load of technical - to them probably incomprehensible - information, to make of it what they can.

Comments: concerning the attitude of the way in which a forensic scientist should do his work is interestingly stated (in relation to Dr. Clift) by Miss Margaret Pereira[38], head of one of the Home Office Forensic Science laboratories, then assigned to work on some of Dr. Clift's past cases. She said in a passage of her final report that...

> '...in many ways Dr. Clift's attitude reflects those of the very early forensic scientists who saw their function as helping the police and not as, I would believe, a modern forensic scientist would see it, namely to assist the police in their investigations and secondly, to assist in the cause of justice in the Courts. He does not seem to have turned his mind to the possibilities of his evidence incriminating innocent people, trusting that the police were always right in their initial suspicions'.

It will have been noted from some of the responses to Court appearances that a number of doctors have suffered from lasting psychological damage to their self as will mark them for the rest of their professional lives. Probability plays a large part in the reconstruction of a case and should forensic science prove to be fallible by evidence that later comes to light in just one single

instance of a man's career, no matter that he has had years of experience and been right in hundreds of cases in the past, a career is tainted and can result in a diminished status vis-a-vis one's colleagues and/or removal from the Home Office list. The circumstances are often not in any way comparable with those of the Clift case when, for example, an experienced professor is asked to assess long after the event whether a cut in a piece of material amounts to homicide. This has more recently occurred in the 'Dingo Baby' case (1980[39]), which shows how matters can take a wrong turn when (for whatever reason) the surrounding social factors are not taken into account.

The survey answers from these doctors, together with the Clift and Chamberlain cases, clearly show why it is that the majority (some 74%) expresses much apprehension at an appearance as expert witness in Court. On this question of survival in the legal jungle, Professor Gee in his paper to the BAFM (1988)[4] has said that the forensic pathologist has almost no training for that role and how difficult it is to get experience in advance of actual exposure in cross examination of a major case. There are often changes in Court procedure and the medical profession does not take enough notice of the needs of lawyers and the Courts. There is a need for formal training in witness techniques, especially in the light of changing attitudes towards expert witness evidence. The doctors who say they have no fear and cope confidently (some 10%) are in the main senior people who by reason of their personal disposition, good preparation (frequently obtained by study for additional, legal qualifications) and years of exposure, have most likely been fortunate enough not to have encountered an

extraordinarily difficult case or bullying barrister to discredit their evidence in a public domain and fracture their ego permanently, as well as damage the status and public image of forensic pathology as a profession.

Section VI. Probing the Public Image of Pathologists in Forensic Medicine.

> "At the present time, the Royal College of Pathologists, in its Silver Jubilee year, is spending a small fortune employing a firm of PR experts to try to foster its public image...I think it will be money down the drain as public attention is totally fickle and evanescent...". (Professor N.).

> "In many ways, the fickle public image matters less than the image held by the medical and legal professions. But to answer the question, the public image is, first of all, confused. Forensic Pathologists, Police Surgeons, Forensic Scientists, are all lumped together like an interesting stew, with good bits and not so good bits...". (Dr. F.).

In this final section respondents were asked to say what factors, in their opinion, affect the public image of the profession and how they view this image at the present time. The raw responses from the doctors, written in qualitative terms onto the answer sheets, are accompanied by a good deal of obiter dicta and can be found (in a slightly trimmed down version to avoid repetition) in Appendix 4. Two main categories of answers emerged to project, on the one hand, adverse indicators and, on the other, characteristics seen as favourable. A very small number of the responses (some 12%), not perhaps warranting a separate classification, opted for statements with a more neutral flavour, suggesting that the profession's public image is shaped by a mixture of influences and that this image can vary in accordance with media representations that happen to be of current interest, whether this be a press report of a court case (e.g. Dr. Clift), film (the

Dingo Baby Case) or Home Office Report obtainable from HMSO (the Wasserman Report).

1. Adverse Indicators.

Opinion affected not only by my professional work and reading the press, but also in social contacts: 'Oh how revolting, how could you work with dead bodies, doesn't is smell awful'; or 'Don't you think the pathologists have made fools of themselves in the Dingo Baby case?".

Public image of forensic pathology is conditioned by ignorance of the job and by such television programmes as 'Quincy', 'The Expert', etc, which often bear little resemblance to reality. My wife's nursing colleagues have a very bizarre idea of what I do: 'He cuts up people for the Police.'.

The old days when Spillsdury, Simpson and Camps were household names have gone. The public is too overwhelmed with the tidal wave of the media so that, except for passing excitement when some gruesome multiple or sex murder comes along, they are too concerned with Page 3 of the Sun and sports news to care about pathologists.

If Royalty were assassinated and they couldn't find a decent forensic pathologist to help in the investigation, then for a couple of days the public may notice us (e.g. Dallas); but short of that, we are a non-starter in terms of public interest.

The profession is regarded by some in a poor light. The main factors include media coverage. The press and television have recently got into the vendetta against wrongful conviction... casting serious doubts about the evidence given in some cases.

At the moment, the universities wish to see the back of us, the police accept any pathologist they can get hold of...the public do not know much about us and their need of doctors in the Courts has led them to an unflattering image.

To my mind, totally disagreeing about either the facts or the interpretation of them, is most harmful as it raises the image that one or the other, or perhaps both, is bending the evidence to suit the side he appears for.

2. Favourable Indicators.

I hopefully believe that our public image at the present time is good...the public looks for the competent expert who will give an unbiased opinion and exudes honesty...

> The lay public image of forensic pathology at the moment is probably good...but the image of the profession in the eyes of the medical world is low and probably still sinking...
>
> Forensic pathology retains a good image in the eyes of the public who are interested...I have encountered nothing but respect for the position I hold...
>
> I have no doubt that the profession is highly regarded...I am often called upon to speak to a range of lay audiences and the resultant discussion as well as the reaction from friends leaves me convinced that this is so...
>
> The present image of forensic pathologists in the eyes of the public is reasonable...they are not thought to be imbued with God-like quanlities ascribed to some of our predecessors...
>
> Some television series of romantic portrayals present the forensic pathologist as too clever an oddity...
>
> The image of forensic pathologists is still riding high on the reputation of such personalities as Professors Simpson and even Spillsbury...
>
> The Home Office will now allow its pathologists in certain circumstances to act for the defence. Prior to this, the police divided them into two great camps - those on the List were always believed to be extremely honest and competent...

Comment: There is little doubt from the bulk of the full and sincere responses that an approximate quantification of 78% assesses realistically the great concern members feel about how the profession is being evaluated. As shown earlier, a spate of recent cases (Clift, Chamberlain, Arthur, Kelly and Helen Smith) revealed mistaken professional attitudes about the way the work should be done; disagreements on the interpretation of evidence between prosecution and defence experts; impaired credibilitiy when privileged information is not disclosed, or medical facts known to one side only and sprung suddenly upon the other in court; risks to reputation in genuine mistakes when inferring from exhibits what has ocurred; or when

scientific laboratory findings turn out to be fallible; and when exhibits cause colleages totally to disagree.

Neither, of course, is occupational image enhanced when the term 'bent' pathologist is used or legitimate fears about the less qualified expressed. Also given that the public image is confused by incongruous media presentation, the image problem is compounded by the antagonism of the wider medical fraternity, namely the clinicians, who tend to deny the so-called 'cadaveric' group the esteemed status of 'healer', although it has been found that in the eyes of some forensic pathologists at least, their work is much to be preferred to the 'living death' of general practice as undertaken by most GP's in the country - 'no risk, no responsibility, no pleasure!'.

DISCUSSION.

The detailed qualitative evidence obtained suggests strongly that the various segments of the central hypothesis (status ambiguity, occupatonal stigmatisation, ambivalent identity, law court traumas and unsocial demands of time) have been substantially verified and by a large majority of the incumbents surveyed, the consequential negative perception of their social location within the professions of medicine confirmed. That, moreover, a confused public image prevails is also not in dispute. Whilst some of these stigmatising tendencies have come strongly to the fore, there are (as evidenced also in the other occupations focused upon earlier - Funeral Directors, Embalmers and Gravediggers) a number of countering forces to be identified to lessen

the adverse status position as these doctors perceive it. They have not earned the strong recognition they possibly deserve and will be presented alongside the catalogue of latent and manifest stigmas at the end of the chapter.

Forensic Pathologists as Types.

An attempt at a typology of this professional group proves somewhat speculative, but the term is a useful tool for linking the empirical findings to a higher order of classification that takes chronological age at particular points of time in a career progression into account. It also distinguishes two principal pathways, those of 'town' and 'gown', of significance in the roads embarked upon between hospital and university. But before presenting these, it is as well to point out that the small number of professors in the country (some 10 and reducing through retirement) constitute the formal elite, although a lack of departmental research or discredit in a court (and the resulting publicity) at some stage, could endanger personal prestige.

Sociologists have attempted career typologies in the past. Miller and Form selected some classifications which could be suitably applied to personal work histories in which social class is distinguished: the climbers (slow and steady progress); the Brahmins (probably starting at the top and stay there); the skidders (whose class position steadily deteriorates); the proletariet (whose total work career is at a low level); and the irregulars (who shift from one level to another). (Miller & Form, 1964)[41]. Another, more general

classification is that used by Hughes (1958)[42] to differentiate career patterns between the 'itinerants', who believe in moving from place to place for progress; and the 'home-guard', who choose to operate in a narrower orbit or remain loyal to a particular institution. Found in the survey of this research are the doctors that to Hughes are the 'true missionaries', sectarians who have no judge except God himself. The number of those committed to this belief is, however, small.

In his discussion of what makes a 'physician', Hughes identified <u>three</u> components which make an <u>ideal patient</u>: amenability to treatment, a good interactional relationship, and a good influence on the doctor's career. This leads one to wonder about an <u>ideal autopsy</u>, on which no view has been expressed by my respondents, other than the desirability of a clean and efficiently-run mortuary. One of the younger pathologists in the survey offered <u>three</u> versions of what he thought were the role-styles in the minds of the general public:

(a) The old Spilsbury Image - winged collar, Homburg Hat, Gladstone bag, manner authoritative and pompous;

(b) The Dynamic Enthusiast - endless high-powered technological resources instantly accessible, like the American 'Quincy' programmes;

(c) The Introverted Expert - likened to the Marius Goring programmes of BBC TV during 1970-75.

<u>Note</u>: Marius Goring's role was almost the opposite to the extroverted Quincy, representing him as the self-effacing pathologist in police mystery stories with a dry medical flavour. The so-called 'Gladstone Bag' came into literary use from about 1882 as a light kind of portmanteau or travelling bag, but gained prominence as the 'Spilsbury Murder Bag', to include all the tools and equipment needed at the murder scene. This type of

murder bag was subsequently adopted by every police force in the world.

Careers and Qualifications.

Returning now to the problems of qualifying as an 'expert' in forensic medicine, the general view expressed by leading members of the profession (Green, 1974, 1988[43], Wecht, 1977[44], Cameron, 1980[45], Knight, 1985[46], Mant, 1986[47]) still is that there is no proper career structure. The information obtained from Dr. Kellett (1988)[48], who is a Consultant Histopathologist and Home Office Pathologist, is that of two distinct ways in which a newly-qualified doctor can set off on a career in forensic pathology: he or she can try to get into an academic department of forensic medicine and work up the ladder, or take up a career in histopathology (specialising in the microscopical examination of tissues) in the National Health Service and be based in a hospital, become experienced in forensic medicine, and then apply to become a Home Office Pathologist. The two schemes are shown below.

Career Path in Forensic Pathology. (The two schemes assume that the medical qualification has been obtained at the approximate age of, say, 24 years).

Scheme A.

House Jobs (at 26)
Academic Medical Department
MRC(Path) Examination
plus
DMJ(Path) Examination
plus
Experience
Home Office Recognition

Academic Forensic Pathologist (34)

Scheme B.

House Jobs (26)
N.H.S. Based
MCR (Path) Examination
plus
Experience
N.H.S. Consultant (36)
DMJ(Path) Examination
plus
Experience
Home Office Recognition

Part-time Home Office Pathologist (40)

Drawbacks in Scheme A.

Very few training posts in forensic pathology outside London. These have to be University-based, and if the MRC(Path) examination is taken in forensic pathology, the holder is only qualified to practice forensic medicine. As the job opportunities are so few, this may lead to a dead-end in career prospects.

Drawbacks in Scheme B.

Most of the histopathy consultants in the N.H.S. have no experience, or indeed interest, in forensic pathology. If one has an interest, the applicant must either approach, or be approached by such authorities as the Police, the Coroner, or even the Home Office itself. Having once gained the necessary experience and qualifications, he or she may then practise as a part-time Home Office provided a post is vacant within the region, and the Home Office gives recognition to the post.

Additional Problems with Scheme B.

Dr. Kellet stresses (i) the difficulty of an N.H.S.-based pathologist to obtain the necessary experience and training in homicide cases, essential to perform the work and, at the same time, take the DMJ examination; (ii) furthermore, such pathologists experience hostility from their N.H.S. colleagues, who dislike to cover for them when they are absent from work, either on a case or acting as witness in Court; (iii) some employing authorities do on occasion demand that the N.H.S.-based forensic pathologist must switch to part-time work in his/her N.H.S. post, resulting in a significant drop in salary as well as pension entitlements, merit awards and other possible financial benefits.

Proneness to Suicide - An additional Hazard.

Section IV in this chapter has already touched on the question of mortality for the incumbents in this profession. (see page 38). The higher than average suicide rate among these doctors has yet to be further researched, in particular why it is that this occurs at times at the end of a working life, when one would assume the stress elements no longer to be there. One of the responders pointed to a possible clue that, having had to deal with modes of dying which are 'not very nice', he will choose his own when the time comes. Dr. L. (a very senior member of the profession, who has also given evidence for the recent Wasserman Report) writes in a personal letter to this researcher

that he can recall five forensic pathologists who have committed suicide in the last couple of decades (apart from the famour Professor Spilsbury, who gassed himself in his laboratory at London University on the eve of his retirement), among them a Glasgow Professor and two doctors, one of whom by an overdose of drugs and the other by hanging. Dr. Sakinofsky, from the Institutae of Psychiatry, published brief research findings on the 'Suicide of Doctors and their Wives' and established in the case of male doctors thrice the rate of the general public, ten times that of Members of Parliament and senior civil servants, and six times that of university teachers and the clergy. Two controversial reasons are suggested in this article: (a) that the special knowledge of toxicology and surface anatomy that doctors have may mean that impulsive suicide attempts are usually more fatal than those attempted by the public generally; and (b) that the stresses related to the practice of medicine may possibly interact with personality flaws in vulnerable doctors, and so play a part. (Sakinofsky, 1980)[49]. An incidence of suicide in later life has also been discovered among holocaust survivors, attributable (at least in part) to the guilt and torment of being alive when others had to die. This research is still in its infancy but has also relevance to survivors of disasters who then need counselling and psychotherapy treatment for possible relief. (Ashurst, 1989)[50]. The name given to this recently recognised condition is 'Post Traumatic Stress Disorder', and might afford an additonal clue to explaining the suicides of the forensic pathologists.

Science and Law in Forensic Work - Is it a Marriage of Opposites?

If a professional member in this field wants to avoid the influence of lawyers, court appearances and crime scenes, all he needs to do is to isolate himself in his laboratory. A good many have chosen to do that and so contributed to break-throughs in medicine by handling compounds or devising formulae and solutions which help to enhance (and sometimes harm) the quality of our lives, although the scientists in this position have probably never seen a patient or handled a corpse. Such contributions as are made in the laboratory do not invalidate earlier findings but build on them and achieve a continuation of scientific progress in this way. Moreover, argues Anita Ky Wonder (1989)[57], that is precisely why progress in forensic science is being impeded by the criminal justice system. Whereas science continues to change (or ceases to be science), the law rarely changes, for, if it did, it would cease to be law. It is because the courts and large doses of the law are at the final stage in the application of forensic science, that demands are continually placed on laboratories to adapt to a legal philosophy. It just isn't possible to aquiesce completely, says Miss Ky Wonder.

Whilst scientists testify within the ambit of their changing discipline, the lawyers want solid, unshakable answers and a adherance to precedents. But some scientists prefer to take an inflexible stance and adhere to basic premises long refuted by later knowledge and so can, as independent experts, earn a good deal of extra income from their appearance in Court. The majority, however, do feel branded if

they are not allowed to take account of acquired knowledge, change or modification and therefore make an active contribution in evidence to foresnsic science. Miss Ky Wonder does not suggest that scientists become lawyers or the reverse, but wants the two disciplines to compromise on both, roles and philosophies, in cases where forensic evidence is introduced and also in meetings to establish a freedom to disagree if injustices and stifled development are not to result. Forensic science, she feels, needs a good parental relationship in this marriage or the offspring will be denied future success. This sentiment certainly invites sympathy but one also recalls that an Australian scientist, connected with the Dingo Baby case, failed to adhere to the manufacture's instructions for handling a substance in the laboratory test, which resulted in a confusion of copper dust with human blood and the (temporary) conviction of Lindy Chamberlain - a case of human error in science misleading the law. Or as Dunn (1981)[52] informs us - technical rationality is one thing and legal rationality another, requiring to reconcile the reasoned choices of the former with the legal conformity of the latter.

Rationality, Probability and Certainty.

There are standards of routine and behaviour which a forensic pathologist adopts when he is confronted by a corpse. Garfinkel calls these descriptions of conduct 'rationalities', to include on the part of the incumbents as scientists feelings of 'affective neutrality' - being detached, unemotional, disinterested, impersonal. He also holds that there occur tolerable errors when assessing the degree of fit

between what is observed by a person and what that same person intends as his findings. What errors are tolerable in forensic work may well become intolerable later, as we have seen. Garfinkel applies rationality to coroners who must try to construct from the evidence a recognisable rational account of the course of events which produced the body of the deceased as its end result. (Garfinkel, 1974, 1967)[53][54]. One could argue that there are in any evaluation degrees of scientific credibility which will consist of one or more of three different kinds of certainty: one that is similar to mathematical probability, deducible from a relationship between a known proposition and an other that may not be; another may be an inference from what has been observed and from which an abstract model may be constructed; the third kind relates to a credibility which is not capable of numeration but can be subjectively adjudged by way of a scale or continuum. Whereas the scientist in evidence will wish to have regard to the first two, the forensic pathologist (who incidentally also regards himself as a scientist) will often be faced with the third in an attempt to opine from visual clues action to which he was not a witness. In Court an expert's opinion is usually scrutinised whether or not it agrees with that of another expert, but the dilemma of degrees of credibility has not yet been solved.

CONCLUDING OBSERVATIONS:

Actual and Potential Stigmatising Propensities Attaching to the Profession of Forensic Pathology

Having regard to a certain number of status-enhancing characteristics (shown below), there has in the two forensic pathology chapters been

produced enough evidence to substantiate that the major elements of stigma contained in the central hypothesis (see Page 19) attach to this profession. These elements and the enhancing points are now presented in summary form.

1. The unattractive image that medical students and other specialties in Medicine have is well in evidence.

2. On the stigma of occupational function, there is an apparent denial to these professional members, the status of 'doctor' or 'healer' by the rest of the medical fraternity.

3. On the question of character blemishes, there are allusions to 'bent' pathologists.

4. Stigmas relating to peculiarities of personality on the part of those who opt to specialise in it have also be identified.

5. Stigmas originating in the courts from discredited evidence for whatever reason.

6. Stigmas associated with the nature of the work itself - the handling of dead bodies, performing autopsies, for example.

7. Stigmas of recognition - there is a distinct lack of recognition of the subject's importance by universities and the establishment.

8. The effect of this lack of recognition has resulted in unsatisfactory working conditions (shortages, anomalies in the pay structure, poor working environments, few research facilities or opportunities).

9. The stigma of devaluation of the discipline itself - frowned upon as inferior and lacking scientific quality.

10. There is a threat of disunity between town and gown (relating to prestige and location of incumbency) as well as between the laboratory specialist and the 'field-worker' - antagonism arising from an informal dictum that the laboratory pathologist is policing the forensic pathologist.

11. The press and other media have in the past (and may do so in the future if the opportunity presents itself) projected the profession in a unfavourable light.

<u>Status Enhancing Characteristics</u>.

1. Forensic Pathologists are doctors after all and have gone through the same rigorous training as other doctors, in addition to

obtaining specialist qualifications in Pathology and Medical Jurisprudence.

2. The recent Wasserman Report (April, 1989)[55] of the Working Party on Forensic Pathology has recognised the key role this specialty plays in our criminal justice system, and there is hope that the review of the present (unsatisfactory) arrangements will result in such reorganisation of the service as will be to its benefits.

3. In the main, respondents have adjusted well to this kind of work and say they find it no more grisly than do doctors in other branches of medicine, surgery or pathology.

4. No definite indentifiable ideology has come to light on a distinct social attitude towards forensic pathology work, but the sentiment expressed by one of the respondents could well reflect that of colleagues in the field: 'All doctors have a duty to humanity and society. Rather a body past suffering and an object of detecting the criminal before he can cause such suffering again, than no patient at all!'.

Comments:

The above identified main stigmatising characteristics emerging from the responses of the incumbents and from the published discussion in the quoted journals are also subject to a large number of derivations. For example, the label from other medical people that this is a 'marginal specialty' to choose for anyone's life's work is sinfully nailed on those who, peculiarly to them, seem disaffected by 'proper' medicine, or (according to Rose, 1965[56]) have some kind of 'divided conscience' after internalising conflicting values. Pathologists have the problem of wanting to pass as doctors most of the time, but have obvious difficulties in how to ideologically adjust to not being healers. As a collective, the profession is too small in number to make an impact as an interest group. Although there is a Royal College of Pathologists, it represents also other groups allied to this specialty. The British Associaton in Forensic Medicine is an organised

body for those practising forensic pathology and its aims include the advancement of the study and practice of the discipline as well as to act as a negotiating and advisory body when required. It has little clout as a pressure group or its influence would long ago have halted the profession's downward progression.

That the work itself if stressful has not been denied and a number of responses pointed at the proneness to suicide. Those in the know are also aware of the trend towards fragmentation into such sub-specialisms as psychiatry, anthropology and the use of new scientific methods by other experts than forensic pathologists - genetic finger-printing, electronic sound analysis, the now much used facial identification techniques, computerised mathematics, sophisticated toxicology, laser microscopical techniques, gas chromatography, polaroid photography, advances in ballistics and such (to assist forensic scientists to distinguish between striae from safe-breaking and those from bullets), stomach contents, lasers burning small craters into metal to then analyse the given-off vapour, chromography for testing materials where arson is suspected, polaroid cameras now used by most police surgeons, dactyloscopic finger-printing and much progress in forensic odontology). As juries have become more reluctant to convict on the evidence of police officers alone, scientific evidence has gained in importance, although it is not infallible as has been shown in the Dingo Baby case. The enormous impact of scientific progress in the detection of crime and its diversity have meant that the forensic pathologist's territory of work is considerably reduced (insofar as it has not also been sloughed off as dirty work to the less-qualified, to

use Wilensky's words in 1964[57]) as he or she has to rely on the help of many other specialties in performing his/her role.

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A recent tale from a Senior Pathologist refers: he knows of a mortuary at which technicians were busy extracting organs from some thirty bodies on slabs. Then the professor comes in, makes the rounds from slab to slab to inspect the work and as he is said to be paid £40 for each of the bodies, has earned £1,200 within the hour. The story could not be verified.

CHAPTER IX

CONTENTS

CHAPTER IX

CONCLUDING DISCUSSION PART I

SETTING THE SCENE

Quite early on in my investigations, I saw it as an essential task to probe the origins of stigma. The choice of what to include in a lengthy historical period stretching from about 450 B.C. to the Middle Ages was somewhat eased by an awareness of the multi-faceted complexity of the concept in its variability, ambiguity, historical, cultural and environmental associations, and so permitting the freedom to highlight facts, incidents and events of my personal choice. My detailed, but selective analysis in Appendix II, has attempted this task (not tackled before in this way) to include a perception of stigma in Classical Greek literature, mythology and rituals in the Testaments, anthropological concerns with dirt, defilement, impurities and pollution, the intellectual impact of some sociological interpretations of stigma and questions connected with other discrediting attributes such as race, ethnicity and the origins of anti-semitism. If one wished to extend this wider perspective, one might perhaps conclude that stigma can have a stabilizing influence also in countries where rigid social divisions emphasize a system of castes. In Indian society, for example, everyone has his/her place right down to the Shudras (labouring caste) and the Untouchables, and where the rules regulate marriage, occupation, even diet. At the same time, clinging

to tradition in this way mediates against change and hinders social development. Whilst, on the other hand, equally strong traditions can be observed in Japan, status categories operate in a culture of discipline and deference, which enabled that country industrially to develop apace.

Another important endeavour in this research has been to make theoretical sense of the concept of stigma as a historically persisting discrediting attribute which from the earliest of centuries branded slaves, marked criminals, imposed pagan symbols on Jews, placed women in subordinate positions, discriminated against the poor and the physically deformed. That task proved most difficult for me, but was aided by a critical evaluation of the principal writings on the subject. Here, all credit to Goffman, whose original insights provided the clues and leads for attempts at subsequent definitions and interpretations of stigma. My theoretical chapter presents in concise form the ideas of seven main authors and the peripheral, but relevant, thoughts of others. I hope to have done them all justice in my presentations before offering some synthetic conclusions of my own. In the course of their deliberations, however, all these works on stigma and social marginality related the topic to phyiscal or mental disability, racial questions and character, although earlier contributions from the Chicago sociologists during the 1920s and 1930s under Robert Park[1] studied as only a by-product of an omnivorous interest in urban life some socially 'disreputable' occupations - the hobo and the thief, for example - which formed the basis for other carefully researched occupational studies. Since the last World War,

the study of work, occuptions and professions, was advanced by Everett Hughes [2] in a most brilliant fashion and a whole generation of students benefited from his teachings. A series of monographs then followed on the railroader, the janitor, the restaurant worker, the real estate agent and the physician. In this country, the ethnographic studies of the nightwatchman, the deep-sea fisherman, the long-distance lorry driver and the coal miner among a number of others, provided important findings in the emerging speciality of the sociology of ocupations.

In some boroughs of London the familiar sight of the street sweeper is no more. Instead, one sees men pushing motors on small wheels, picking up rubbish automatically by means of a revolving brush. They are machine operators now where the menial work has been upgraded thereby enhancing the self-esteem of the incumbent. However, many work activities are not blessed in this way and I became aware during the early eighties that there are particular, perfectly reputable, jobs which for certain, not always obvious reasons, seem to attract a more permanent and persistent blemish or social discredit. It struck me forcibly then that stigma could be related to occupations and professions. My studies of the specific work roles of the kitchen porter, the hospital porter and, the contrasting head hall porter in hotels (among other occupational roles) have already found a mention in the Methodology Chapter of this thesis and in Appendix III,where case studies enlarge on them. This now brings me to the core subject of my new research, the principal occupations in the death industry of England. It occurred to me that work stigmas do not just touch those

in culturally lowly-perceived occupations which by reason of their image and their work routines are seen as flawed, tainted, blemished and discredited in some way, but more so those whose role in life it is to be preoccupied with the experience of the death of others and the handling of corpses in all manner of condition day in and day out. In general, over and above the social taboos, they have in common that they do not often relish the work; may suffer psychological traumas; experience dilemmas of role conflict; are constantly reminded of their own mortality; society pities them, scorns them, makes fun of them; avoids contact with them, and questions their motives for doing this kind of work. If undertakers, they serve as handy scapegoats for the guilt and wrath of the living also if they are seen to run a profitable enterprise. Newcomers to death work quickly realise the psychological cost of stress involved and suffer nightmares, loss of appetite and nausea. Embalmers particularly are affected in this way. Nor is the occupation often disclosed in personal life for fear that it may attract such common reactions as revulsion, teasing or morbid curiosity. These findings tally with what had at an earlier period been discovered from casual questioning of citizens in Los Angeles by Reynolds and Kalish. (1974)[3] Although death itself as an event displays the oppposites of being able to disrupt the social order at the same time as it enhances social solidarity, whilst customs and practices (such as responses to grief or cremation, for example) have tended slowly to change, the work roles associated with death continue to carry this timeless taboo element (a stigma) which seems to persist across cultures and national boundaries.

Contemporary society still tries to lessen the disruptive potential of death in all sorts of ways: denying it; routinizing it in retirement homes and hospitals; erecting rules of succession and so preserving roles when an incumbent has gone; or eliminating risks to prevent premature death. But our mode of life is largely shaped by the way others have died, and if that has been under suspicious circumstances, it will bring one of my researched occupations - the FORENSIC PATHOLOGIST - to the scene. It is one of the smallest professions in number and is currently plagued by status ambiguity (do they belong to a university or the National Health Service?); by an ambivalent identity (they are doctors but not healers); by occupational stigmatization (they perform post-mortems and all that entails); by law court traumas (which has ruined careers); as well as by a general demise of the profession itself. Recruitment has declined, chairs in universities have lapsed and the scientific credibility of the discipline been questioned, whilst all this time other specialities encroach on its territory to cause fragmentation. For a decade now this situation has alarmed members and leaders in this speciality. The measures proposed to arrest the decline will be considered later in this chapter. As far as the general public is concerned, the forensic pathologist is a hidden persona as is the EMBALMER (another of my four occupations under review), which are the only two legitimately using the surgeon's knife on the dead human body. Embalmers are the next smallest group with a mere 1,100 members to the forensic pathologists' 50, energetically aspiring to achieve professional status. They have little clout financially and the law does not as yet require either professional qualifications nor a license to practise. Embalming

usually means temporary preservation, but at the highest level it also involves the restoration of mutilated bodies, duties of exhumation and disaster work of the most gruesome kind. Even so, the funeral directors appear to regard themselves as the seniors in the realm of body disposal. They act as the retailers of the service with shops in the high street for whom (metaphorically) embalming is the icing on the cake. FUNERAL DIRECTORS are my third researched occupation with a membership of some 3,000 in different organisations to distinguish the owners from the employees. Their glumness of expression and matching dress is clearly an institutionalised requirement that the grief stricken clients expect. To be fair, this profession (or quasi profession) has its problems, being accused of hefty billing against the bereaved and serving as the cultural scapegoats for failed immortality, among others. However, undertakers removed from their professional identity have a sense of humour, as the attached TEN COMMANDMENTS show. My fourth investigated occuption is that of the GRAVE DIGGER. The 1981 Census groups them together under the heading of construction workers of some 9,800 in number, which makes it hard to discover how many grave diggers that includes. Few undertakers in rural districts now employ full-time diggers. Many of them, particularly in towns and cities, are employed by local authorities and often deny the association of the work they do with the dead by holding themselves out as gardeners, maintenancemen or JCB drivers, which part of the time they in fact do. The adverse image of grave diggers in literature and popular culture as discussed in Chapter VI is unlikely to be sustained for two reasons: the activity as an identifiable occupation is in the process of being phased out partly by an extreme

shortage of space, which tends to give way to other means of disposal such as cremation, burial at sea, or where appropriate in common graves; and secondly, the use of mechanical means, which is likely to be no more that a part-time occupation. In urban areas where the grave digger as such in a part-time capacity survives, he is likely to be represented by an interest group with a potential for industrial action. (The situation in Liverpool past and present, is a case in point). The association with death for men no longer designated as grave diggers is therefore becoming more remote and will (stigma-wise) make little difference as compared with other manual work.

As this project progressed, I soon realised that my four key occupations do not function in isolation and that wider social issues of moral, religious, psychological and anthropological interest - death attitude, the place of rituals, dirt and pollution, to mention some - are involved. These matters have been assigned some space in the chapters. In addition, an hitherto unresearched area was uncovered when I attempted to place my selected occupations into the context of a constantly changing industrial structure. The opportunity to contribute something new as a social dimension by tracing the structural segments of the market for funeral services and defining the various grades of the labour force in terms of their organisation and activities proved difficult to resist.

CONCLUDING DISCUSSION PART II

DISTORTED CULTURAL PERCEPTIONS OF DEATH — THE NEED FOR DEATH EDUCATION

The perceptive analysis by Goffman of how a patient may manage his or her stigma (see Chapter 2) and thereby ease the efforts of the normals may be seen as a personal dynamic that has been culturally reinforced in death denial. In the words of Aries (1974),[4] it helps to 'minimise the disturbance and the overly strong and unbearable emotion caused by the ugliness of dying...'. 'If we can expel death from everyday life, the subject becomes taboo as a topic of disapproval and shame'. (Gorer, 1965).[5] If the prevailing culture prescribes that we hide the fact of the inevitability of death, the cultural preoccupation with youth is equally a kind of self-deception, or let us call it a collective pretence of death denial. Large sums spent on cosmetic surgery to obscure the aging process and the spenders' own mortality is best evidence of this trend. But there is another, and very serious cultural problem, as discussed by Brian Masters, author of the book 'Killing for Company' (The Nilsen Case).[6] He expresses extreme concern about how the entertainment industry is able to contaminate the mind of the public. There are, for example, far too many films portraying psychopaths, homicidal maniacs and serial killers and the audience is spared none of the morbid details. One of a number of examples he gives is 'The Silence of the Lambs', to be released in the West End of London in May, 1991. This film is currently the hit of New York and depicts the killer Dr. Hannibal Lecter as a genius who displays all the characteristics of a psychopath: he is civilised,

articulate, manipulative, proud of his superiority and teasingly sarcastic. Lecter, a practicing psychiatrist himself in prison for horrible crimes, is enlisted to help a floundering FBI agent to find another serial killer. But one of Lecter's victims was a musician from the Baltimore Philharmonic Orchestra, whose body was found minus its pancreas and thymus, which organs had been served up by Lecter in a dinner he gave next day for the conductor and president of the orchestra. It appears, he also liked to skin the bodies of his victims and has a capability of swallowing eyeballs. To Masters this film is a vivid parable of the very notion of contamination and a badge our species wears with shame.

Such cultural manipulations of the public mind begs the question of the kind of death education that is presently available in our schools. Although more people are aware of the term 'Euthenasia' and what this entails, general attitudes about death are at best still as ambivalent as they are also in America, but where there is evidence of a burgeoning of death courses in schools, colleges and universities since the 1960s. One supposes that educators in this field are treading sacred ground and expose themselves to accusations that they create unrealistic expectations or that they encroach upon the territory of other professionals. As to schools, a spokesperson at the Department of Education and Science let it be known such concerns are left to the Local Education Authories (LEAs) and that studies of this kind are likely to be a part of religious education. I then examined the curricula of twenty LEAs and found the word 'death' included in a third of the schemes for the various age groups for 7 to 14, but tucked away

under such general headings as 'Beliefs, Practices, Customs and Artefacts'; 'Rites of Passage (e.g. Initiation through Baptism, Burial Rites)'; 'Self-understanding (e.g. Integrity, Pride, Humility, Loneliness, Suffering, Bereavement and Death)'. For younger children the syllabus contents included 'Mysteries and Puzzles of Life', taking in birth and death, or 'Exploring Death through Stories', death of pets and such. One assumes that where the subject of death is touched on the actual time given to it will be very short. Some of the schemes thought out are, however, in a general way quite impressive.

An incident more affecting adult education in respect of death has recently come to light. Two curators at the Victoria and Albert Museum have spent months preparing an exhibition entitled 'The Art of Death', to be supported by a lecture on 'Tarnished Coronets and Rotting Velvet' and followed by a mourning supper of hippocras and cinnamon cakes in the museum's restaurant, with members suitably attired for the occasion. Ruth Guilding now reports on the sudden demise of this planned educational event (see London Evening Standard, 14.3.1991, p.24).[7] The short press release announced the decision by the trustees to postpone the exhibition on the ground that the potential loss of life in the Gulf made it insensitive to proceed. An earlier instruction to a staff member forbidding further publicity meant that little was known by press or public about this exhibition. The art world condemns the decision as excessively cautious, suggesting an embarrassment about the subject of death which people never felt in previous centuries. There is however hope for a re-scheduling of this event for the next year.

The Sociology of Death - A Life Issue and an Issue for the Living

The current cultural climate, reflected by the manner in which we all respond to reports of war casualties, famine, accidental death, homicide and Aids, appears to make the subject of death less tabooo, just so long as such occurrences are remote from one's personal social networks. We avoid death, fear it, deny it, deritualize it, and in demographic terms make it more and more the property of the old. By and large, we do not want to dwell on death or seek to be educated in the meaning of it. The very subject repels us and clearly represents a countering force to an accepted cultural ethos that makes it disruptive of normal life routines and our conception of order. Clearly, the far from stable cultural orientations towards death and the manner in which we respond to these is very much a problem of sociological interest. Thus, many questions arise. For example, Kellehear (1984)[8] argues that we are not a death-denying society. He feels that we confuse and project private ideas with public behaviours and end up with an over-simplified and reductionist view of the relationships between the individual, society and death. It is true that individuals express emotions, but societies organise for death and around it, exert forms of social control through sanctioning myths and rituals, culturally determine the conditions, circumstances and frequently the nature of death. Moreover, they set in motion processes of conflict, reintegration and the adjustment of roles and all this despite the rich variety of individual attitudes and values in relation to death, because the needs of living together dictate that group goals take

priority over individual ones. This merely illustrates that the sociology of death is subject to continuing debate, very much a separate subject for research, although clearly a causal element from which the stigmatization of roles in death work derives. As an indicator of the rich pickings open to sociological research, an American, (John W. Riley, Jr., 1983)[9] describing himself as a consulting sociologist, poses the following questions: In a society where (short of war) death is increasingly postponed, will socialisation for death become a recognized reality? Will dying persons seek to maintain a greater sense of autonomy? Will passive euthanasia create fewer moral dilemmas? Will suicide continue as the 'final alternative' for an increasing number of older people? Will new patterns of bereavement emerge for the future population of widows? Will caring environments for the terminally ill be institutionalised? Will the concept of a 'good death' gain wider acceptance? Will new medical technologies develop in response to the changing needs of geriatric populations? Are meanings of death in a process of continuing transformation?

Deviant Work - The Debunking of Death Occuptions

Even though we leave the task of dissecting a dead body or stitching together an autopsied cadaver to the specialists, who would want to do the more mundane work like washing down a corpse and keeping it at home until it can be removed? Whilst the concept of death itself tends to repel a wider public through its fearful association with the

termination of life, there are the grim or unpleasant practical tasks entailed in cadaver disposal in the triadic process that affects the deceased, the bereaved and those engaged in the roles of death-related occupations. Just what would happen if we lived by a different culture, with the Thames like the river Ganges, and we had no thanatological specialists? Millions of litres of human excrement poured into the river; sewage thrown into it; grieving relatives disposing of corpses into it; but despite this, Indians up and down the 1500 mile long river, bathe, play or paddle in it every day for spiritual purification, and the floating corpses are to ensure the salvation of the soul. The conflict between 'faith and filth' is a problem the Indians appreciate, hence the creation of the 'Ganga Action Plan', in which experts of the Thames Water Authority have been involved for some years. (BBC 2, Forty Minutes: Thames Wallah, February, 1988).[10]

However, cross-cultural variations have to be understood so as to appreciate not only the dilemmas connected with contamination and pollution, even death, but also that each society has its own well-defined purification rituals, for which precise observation the economic order and a large population may not be able to provide. Western culture is not without its own disposal problems. Selectivity in corpse dissection (discussed in Chapter 7) is one. Hospital deaths with its procedures for wrapping, ticketing, binding and cataloging the corpse, referred to by staff as 'the dirty work', are another (Sudnow, 1967).[11] These are not just examples of efficiency being more highly valued than human dignity, but relate a flawed perception to death work

itself: the irony of passing up to others some most unpleasant tasks we do not ourselves want to perform and at the same time stigmatizing those who are performing them for us.

Altogether, the very idea of 'dirty work' raises a number of complex questions of definition and meaning which have to be tackled now. In an ascriptive society, the ranks people attain are given them at birth. The Indian child born into the sweeper caste holds the position for life. Some such occupations where, say, there is contact with dirt and human excrement, are clearly associated with ritual uncleanness and stamp the incumbent as an untouchable. A modern European dustman has the means to avoid this contact and his work may be less messy than that of a slaughterhouse worker or surgeon in the operating theatre. Thus, the answer to what constitutes dirty work is not immediately obvious. Previous research in this field revealed such common characteristics as low prestige, low rewards, insecurity or tenure, the absence of training and a career structure among such occupations as janitor, dustman, hospital porter and kitchen porter, over and above the physical dirtiness of some of the work (Saunders, 1981).[12] Can the accompanying characteristics to the instrinsic work tasks not also be a symbol of degredation? Thus, Hughes (1958),[13] one of the pioneers in the sociology of work research, became aware that the deeper value in a study of lowly-evaluated work lies also in the insights that it yields in behavioural terms and not just that one is in a position to debunk others. He feels that processes hidden in other occupations come more readily into view in a study of these lowly ones, and indeed that we may be dealing here with the fundamental

matter of method in social science, namely that of finding the best possible laboratory for study of a given series of mechanisms. Apart from other causal dimensions in the stigmatization of certain occupations (and that does not exclude those associated with death), there is also a morality angle built into the designation of 'dirty work' which is well illustrated in the paper of Emerson and Polner (1975),[14] to be discussed next.

Their research setting was a regional community mental health clinic in which psychiatrists, psychologists, psychiatric social workers, public health nurses and psychiatric technicians worked. There was also a psychiatric emergency team (PET) to deal with crisis intervention. In context, it is explained that the moral division of labour in 'dirty work' may well entail processes whereby higher status professionals specialise in desirable moral cases and shift the messy and stigmatizing work to others with less standing. (Pathology professor to mortuary technician or funeral director to embalmer could be examples in the death industry.) Equally, the conception of dirty work would apply to the stresses and strains faced by incumbents whose work involves (what these authors call) disgusting, degrading or shameful tasks, to which occupational members may react by developing (in the words of Hughes, 1971)[15] 'collective pretensions' or 'dignifying rationalizations', which the 'dirty workers' use to mitigate what may be the degrading implications of the job. It will be highlighted a little later in this part of the discussion how funeral directors, embalmers, grave diggers and forensic pathologists have done exactly that in some of their responses. But to return briefly to the moral

aspects of dirty work, Emerson and Polner point out that dirty work is not just 'one-task' work since one occupation's dirty work can be another's most desirable prerogative (physician handling a live body is a case in point); and further, that the designation implicates the worker's perspective as it also does the quality of the work. In addition, the particular dirty work perspective is a means through which it is enacted and perpetuated, so is not simply a verbal mirror of the qualities inherent in a task. If a task is designated as dirty, a worker may morally distance himself or herself from the dirtiness like someone (says Goffman, 1967)[16] caught in a shameful situation and signalling by his/her embararassment that it was not the real self that was performing. The authors found PET members using the term 'shit work', when it entailed the plight of hopeless cases involved in recurring hospitalization with few personal and social resources: they were the 'chronic patients' with a bleak chance for successful treatment, the 'losers'. Such patients were contrasted with those referred to as 'clients', who whilst currently undergoing psychiatric crises, are willing to accept help and allow PET staff to use their psychological skills in the therapeutic enterprise.

The English Way of Death — Occupational Differences from the American Scene

Judging by the methodology Reynolds and Kalish used, their study of a wide range of death-related occupations in Los Angeles was clearly only exploratory. Their interviews of some 50 individuals were neither quantitative nor rigorously controlled and probed only

impressionistically into the four key areas of job satisfaction, the business versus service dilemma, relationships in the job and attitudes towards death. Nevertheless, their findings do not in any way contradict those in this research. Quite apart from my use of the more conventional methodologies (depth interviews, case studies and the survey) for my data in this country, there are also some structural and cultural variations to be noted. I intend now to take my four occupations in turn (starting with funeral directors) and evaluate the findings briefly at two levels: one, the likely fortunes of the respective occupation or profession itself and two, the possible implications for the individual membership of these bodies. The English scene of funeral direction is structurally divided into corporate, co-operative and independent sectors, each holding a share of the market. The dread that virtually all independent family businesses would be duly absorbed by the larger companies has not materialized, although thousands of small undertakers have been taken over during the last decade. One can now discern a hardening of attitudes among the remaining family concerns towards takeovers, of which the very recent formation of the Society of Allied and Independent Funeral Directors and its successful recruitment provides good evidence. Another recent structural development is the opting out of the industry by the well-known Howard Hodgson who, as will have been noted in Chapter 3, built up Britain's biggest quoted funeral directing group. Hodgson's company merged with Kenyon Securities in 1989, the other company (out of four) sharing a big slice of the market. A further very recent event is the multi-national interest of Pompes Funebre Generales, now the largest shareholder in the group following

the acquisition of Hodgson's shares. PFG Hodgson Kenyon has warned that profitability for the full year will be below expectations as the results of the merger have been slow to come through. The whole situation must now be seen in the light of the predictions as to the fortunes of this industry advanced in Chapter 3.

Practising funeral direction in this country is still open to all comers, but the professional association (N.A.F.D.) limits entry by examinations and practical experience. As thanatological specialists, undertakers thirst for greater professional recognition still far too slow in coming. Whilst the proclaimed values of service-giving and compassion for the bereaved tend to unite members everywhere, the profession has reeled from the blows administered to it by Mitford's biting description of the American way of death in 1963,[17] which included a chapter on funerals in England also. This book more than any other alerted protective agencies in both countries and brought to the surface client dissatisfactions about the high cost of dying that had been simmering before. We in this country did have a critical report from the Office of Fair Trading early in 1989 that made clear that not every funeral director offers proper care. Hodgson among other spokespersons in the industry criticised the report on the claim that the cost of funerals has risen faster than the cost of living in recent years. The American funeral industry being more affluent than the British promptly responded by setting in motion its substantial publicity machine to improve the public image. Technical innovations in this country have been few. The idea of cryonics, experimented on in America, is at best still utopian. More sophisticated ovens at

cremation centres and the use of mechnical diggers at cemeteries are more peripheral to undertaking than the, currently fashionable, space-saving burials at sea; but press reports of bodies washed up and recovered off the West Country, with all the indications that they had previously been buried at sea is likely to slow this practice unless techniques are improved.

Kastenbaum (1981)[18] has a definition for the death system '...as a socio-physical network by which the relationship to mortality is mediated and expressed'. The funeral director is seen as a permanent and conspicuous person-component of this system in the sense that there is a daily role to be maintained, and which does not necessarily mean that the profession will not be transformed or absorbed into a new constellation of death-related behaviour at some future date. Kastenbaum gives no indication of how this may occur. With a stable number of dead annually, no drastic functional changes are anticipated in the immediate future. Attempts at embalmer deskilling (discussed in Chapter 5) have been abandoned and the predicted mass production of see-through plastic coffins has also not come to pass; but there is another conception of a more ritualistic division of labour concerned with the management of the corpse which rests in the definition of a dead person. Such a homo totus (explains Prior, 1989)[19] is present in three dimensions, namely the corpse, the soul and the social being. Soul care belongs to the spiritual professionals, the clerics who, depending on the religious practice, will perform the funeral rites. Death has destroyed the social being that was grafted upon the physical individual comprising the body. What we are left with is the

professional preserve of the body handlers, the funeral directors. Given the trends of the deritualization of mourning and the rationalization of funeral practices (that is, keeping the proceedings brief, simple and private), there are still a large number of functions funeral directors would claim for themselves over and above the actual corpse care. More prevalent in America is charging for services not utilized - chapel, visitation room, public lounge, parking and body deodorants, as well as embalming without permission, and money for clergy who never attended. At the personal level of my interviewing experience, I found among the senior partners of the old-established family firms (France and Leverton) the strongest professional commitment and an eagerness to talk about the job, the key criteria being pride in the family tradition, versatility and quality of service and a feeling for clients' grief. In my contact with the area manager of the Co-op and the branch manager of Seaward, both employees rather than partners, I was struck by their expertise, interest in the technical aspects of their work and a greater detachment. In the context of Elias' reasoning (1956),[20] the corpse presenting more of an object than a subject, with the subjective perception more the ethos of the small family firm than the manager's vision of a van load of cadavers just arrived from the local hospital. It would, of course, be wrong to infer that close involvement and personalised service is necessarily the same since the tasks subsequently delegated may be to people with a more functional approach. Indeed, the question is whether a greater involvement is necessary in order to meet a client's needs. Of my mix of cases, Kenyon Securities was the largest funeral company. This group's principal activity is the supply of funerals,

but also a wide variety of ancillary services that include coffin manufacture and monumental masonry. Old-established as it is, its status in the industry derives from the expertise in assisting authorities at a time of major disasters, an emergency service in which it is a world leader. Less known are its services to Royalty, which is a function not publicised. Similar to the other three large undertakings discussed in Chapter 4, there are many acquisitions, but institutionalisation and the public persona remain somewhat hidden, with local management often kept in place and the goodwill of the locality preserved. Kenyon is now merged with Hodgson, as mentioned earlier in this chapter.

This brings me to the science of body preservation and disinfection, an occupation still grouped in Census classifications as service workers, together with catering, cleaning and hair-dressing; or under an alternative code as service, sport and recreation workers. The Department of Employment Directory of Occupational Titles offers under a heading of burial and related services a good job description but which presents embalming as manual work. Purely so described would make the surgeon also a manual worker. It is only if one delves more deeply into embalmer work that one finds the reality of the responsibilities more elaborate than the formal official classification would indicate. One paradox about this quasi-profession is that the high status it enjoyed in the early days, when only the famous and the privileged were embalmed, has slumped alongside the increased popularity of embalming. For example, Holmes (known as the father of modern embalming) gave strict instructions upon his own death in 1900

that he should not be embalmed, trusting no one but himself. It was, of course, the skilled anatomist who mostly practised this scientific treatment of the body at that time. Holmes confined his clientele to officers for whom under a government contract he was paid a hundred dollars each. To understand this occupation's status position, one needs to know of the changed purpose of embalming. As described in Chapter 5, it is now essentially a matter of short-term preservation, which Turner and Edgley (1975)[21] concisely express for those who want to know what happens in a embalming room: the corpse is 'washed, shaved, sprayed with disinfectant, sliced, pierced, creamed, powdered, waxed, stitched, painted, manicured, dressed and positioned in a casket. With the help of other chemicals the flesh is softened, stretched, shrunk, restored, coloured and even replaced'.

Despite the vicissitudes of historical evolution, funeral directors appear to see themselves as the senior profession in the industry, largely because they are the entrepreneurs providing the opportunity for the embalmer to be a part of the rites. Prior explains this well in sociological terms by using Ven Gennep's tripartite framework of social rituals (e.g. separation, transition and incorporation), by which one can adapt the rites of passage to the travels of the corpse. As soon as death is certified, the prevailing custodians seek to rid themselves of the body, at which stage its status is of the lowest, for it may well be the repository of disease and a source of danger. It will be initially nurses that care for the body, which is only later to be placed into the custody of porters and mortuary attendants, regarded (by Pine, 1975)[22] as low-status work, to be performed by juniors and

subordinates. Higher-status individuals do not often come into physical contact with the dead, although the polluting nature of the corpse as a state of death may (in anthropological terms) be perceived as a social pollutant. To Douglas (1966),[23] for example, death is polluting where it is not meaningfully integrated into the cosmos, or alternatively to be seen as in a state of transition; and for Turner (1973)[24] liminal spaces and the actors inhibiting them, to play important roles in the social process because margins, borderlands and thresholds, defining different social areas, are charged with ambiguity and power. In this sense, the historically stigmatized often function as social intermediaries, such as healers, traders, magicians (and I would suggest funeral directors and embalmers), to occupy ambiguous, multivariant terrains to make their position as intermediaries particularly vulnerable to the stigmatization process. Forensic pathologists also may be regarded as intermediaries (say, between the accused and the Courts) and by their activities and means of institutionalization reveal structural stigmatizing similarities to the other death occupations. I shall return a little later to the borderline, liminality or marginality aspect of death occupations. For the moment, the corpse is 'thing-like' and on the move, having previously by custom or rite been subject to concealment. Prior observes: 'Whatever the source of pollution...the collection of bodies, carried out surreptitiously...there is an emphasis on hiding the face of death, curtains drawn around the death bed, face of the corpse covered with a sheet, bodies enclosed in coffin shells, the shells carried in closed vans'. Finally, Prior explains, 'the body arrives at the undertaker's premises, where it is usually dumped in a

rather disorderly preparation room and the disorder of the body often reflected in the general disorder of the room. The corpse takes on the character of a commodity, to become value added in the process of production'.

I may say that it has not been my experience at the premises of funeral directors to see corpses in disorderly preparation rooms, although there were refrigerated storage cubicles made of steel, to be pulled out on rollers for transporation to the embalming chamber. My impression was (with Prior) that the cadaver's status is about to be elevated by a skilful application of science and art to restore a steady stream of bodies in all manner of condition. Embalming 10 or more cases per day is gruesome and stressful work. Much more than cosmetising is involved, with mutilated organs having to be stitched, blood drained, torsos cut open, the saw applied to the skull, and diseased or contaminated bodies handled, no matter what the circumstance or cause of death. Apart from the pathologist, no other occupation or profession is in such direct contact with the dead body. Those personal implications of embalmer work may be publicly embroidered by manufacturers of chemicals or debunked by medical people. The chairman of Pierce Chemicals in America regards the embalmed body as the cornerstone of the industry. Without it, there would be no need for a slumber room, elaborate coffin or funerary apparel. (Pierce, 1985).[25] The National Disease Control Centre in Atlanta has found no health reasons for embalming, other than a few communicable diseases; but in America (as in this country), the practice is poplular for the majority of deaths, although the industry

has resisted attempts to discourage embalming by way of cremation or refrigeration. (Kearl, 1989).[26] Pierce has complained that human bodies were cremated when still alive, and he knows of reports that several bodies are cremated at the same time, so that families were not able to distinguish the remains. Not only that, there was also the adverse publicity that heart-pacemakers had exploded during cremation. As against that, funeral directors have given consumers the impression that embalming is required by law.

As to the profession itself, what can one say about its future? Status-wise, it is in a position to meet a large number of the attributes that sociological classifications have from time to time suggested to reside in a profession. (See, Carr-Saunders, 1928,[27] Hughes, 1965,[28] Millerson, 1964,[29] Freidson, 1970,[30] Johnson, 1972,[31] Dunkerley, 1975[32] and Goldthorpe and Colleagues, 1968/9,[33] Saunders, 1988/1990,[34] among others). Although the predominance of these is a useful mark of historical advancement, it implies that some essential criteria remain to be met. What might be the mission of embalmers in the coming years is to aim at targets that the older professions have already achieved. One is strict quality control of the service, and another control over members, to ensure that clients' interest is served and that definite means exist for this interest and protection to be effected. It is also essential that the public support the claim for the activity to be recognised as a profession and that there are comparative levels of educational attainment with the older bodies. As a long-term measure, endeavour to become a Livery Company by Letters Patent has been suggested (Poole,

1990),[35] with a view to eventually trying for a Royal Charter. As to progress on the technical side, initiatives by an independent organisation in America (rather than a manufacturer of embalming chemicals) currently propose by way of research and seminars to change a situation 'where 19th Century techniques are still used with the 21st Century upon us'. The Fountain National Academy of Professional Embalming Skills has already started to hold three-day seminars in Missouri which has aroused wide international interest. Seminars deal with such topics as new chemicals, mouth closures, bleaching techniques, pre and post treatment of swollen eyes, embalming techniques for highly infectious cases, hospital induced swelling, infant embalming, autopsied and organ donor cases, surgical purge prevention treatment, facial lacerations and restoration of head trauma, forensic autopsies and decomposed cases, surgical reduction of swollen neck and restoration of gunshot wounds to the head. (The Embalmer, November, 1990). Status enhancement of any death occupation is highly contingent on what that occupation can do (and is publicly acknowledged in so doing) for the living community. That is a view I seem to share with this occupation.

By now the status of the body has gained an uplift from the restoration skills of the embalmer and is ready to re-emerge from the previously hidden state. Hardly any counselling appears to be available to help the embalmer with the stresses of the work, which can often mean brutal death and 'bad remains', prone to unsettle the undertakers themselves if they are not embalmer-trained. Incidentally, Calhoun, Selby and Steelman (1989)[36] found that when the cause of death has been an

unnatural one, such as suicide, the bereaved feel more shame and embarrassment, greater difficulty in coping with death, and a greater likelihood of guilt. There are unanswered questions and funeral directors in the sample indicated that others (including themselves) feel more uncomfortable in expressing sympathy to the survivors in such circumstances. Allowing for certain religious customs (Jews do not usually embalm their dead, for example), there is generally a great reliance on embalmers to present a peaceful last look to the next of kin. Thus, the cause of death presents ethical issues and the preparation of the body to effect a life-like view in the 'slumber room' or 'funeral parlour' a formal recognition that there is a bereavement role for the survivors. Critics of the industry see the embalming service as a 'foot in the door' for the supply of other elaborate services, but as already pointed out earlier, proponents stress the therapeutic benefits of viewing and reaffirm (rather than disguise) the reality of death. My case studies give information how embalming work affects the incumbents. It suggests on this evidence the most traumatic psychological effect (such as nightmares and loss of weight) during the earlier stages of training. A recent letter from an embalmer with 22 years experience (and having consulted colleagues at my request) had this to say on the subject of coping: 'When dealing with the dead, the obvious knowledge that they are <u>persons</u> was not forgotten, but there was an ability to detach oneself sufficiently to be able to carry out the work. (I am now no longer connected with the profession.) As far as general attitudes towards death are concerned, I have always been aware that it could be 'just around the corner'...and keep my paperwork in sufficient order that others may

cope...I am sure that this morbid attitude is the result of dealing with many sudden deaths over the years. Many people from outside this industry remark upon the happy and jolly nature of funeral directors and embalmers, especially when congregating in large numbers...in fact, there have been many rowdy sessions at Keele...and it must seem to outsiders that 'we enjoy life to the full'.'(Kaye, 1991)[37]

Attempts at professionalization are frequently accompanied by pretentiousness in occupational titles. The Americans are particularly good at that. (Undertakers have become funeral directors and window cleaners transparent wall engineers, for example.) Not all occupations manage to succeed in this changing of their image, at least as found in formal categorizations. There may even be an effect in reverse, blurring familiar stereotypes. Whilst the Standard Occupational Classification (1990)[38] also groups embalmers with food carvers, pest control surveyors, bingo callers, croupiers and amusement park attendants, the grave digger is not indexed at all, but can be tracked down under related occupations with drainage worker, fence erector and building labourer. Thus, the mystique accorded in timeless drama and literature to the grave digger as the erstwhile jester, skull-tosser, grave robber and tainted handler of corpses, is virtually lost. Shakespeare in Hamlet's graveyard scene, the Scottish anthropologist Frazer and later Freud among other writers, had great fun in supporting or re-creating the myths which are prevalent in relation to this occupation.

Ten Commandments

On how NOT to run a Funeral Director's Business

(Compiled by a reader, who wishes to remain anonymous, but who maintains that all of these things have happened within the organisation for whom she worked)

1) Have no one who is fully trained and make sure that vehicles need cleaning, especially when out on a funeral.

2) Insert the notice in the paper with the wrong branch name and telephone number.

3) When the family arrive to view, either don't turn up to let them into the Chapel, or show them the wrong body.

4) Don't book an organist for the hymns, and forget to take the flowers for the coffin into the Church.

5) Inform the officiating priest that there are no relations, when they are present as members of his congregation.

6) Give the wrong time or day to the priest or gravedigger, so they don't turn up for the funeral.

7) Ensure that every one of the firm's bearers are dressed differently; if in the same kind of trousers, then one wears a jacket and the other a raincoat or overcoat.

8) Don't check the route beforehand so that you are late at the house and Church and later still at the crematorium.

9) Make sure that the grave is the wrong size and try to force the coffin down, or make the family wait while the gravedigger enlarges it.

10) Send the Bill out on the day of the funeral and demand payment after it's been settled.

Two years after implementing these rules the business will be halved, and after two more years you will be able to close down - if the receivers haven't been called in.

Petrillo (1989)[39] argues that although these myths persist into the 20th Century, their form has now altered in certain respects, and at least in America has been replaced by the hardened, apathetic union member, whose sole concern rests upon the dollar he earns and not upon the lives he buries. There has been the odd grave digger strike in this country too (see Chapter 3, for union organisation and Chapter 6 on strikes), but one can still find him to operate in small towns and villages or an occasional dynasty to exist, although many are now council employees and partly charged with other duties around the cemetery. My investigations have not encountered a person who has made this occupation a particular career choice. Limited space in urban areas seems to encourage the idea of vertical graves created by means of a mechanical drill, or the restricted use of the JCB, proximity of graves permitting, and an increasing practice of cremation or burial at sea. Culture and religion prescribe a wide variety of funerary ways for departure and the respective rituals reinforcing social bonds, but there is renewed controversy over whether such constant and often expensive reminders of the dead (and the very cemeteries themselves in our future-time-orientation) are necessary. With the advent of geographical mobility, a growing segment of the population seems to leave no funerary memory whatsoever. The demise of one single individual (if not a public figure) does not disrupt the order in mass society in any case. Funerals have become briefer, simpler and more private, and mourning deritualized. People now query the relative costs, which Blauner (1966)[40] regards as a barometer of concern for the dead. It appears that the public perceives the peace and beauty of the crematorium gardens as more attractive than the 'chill' of the

cemetery. Where then does this penetration of temporal norms leave the occupation of the grave digger? Thanatological research has not accorded him much of a role in the mourning process, as we shall see below. Grave diggers no longer handle bodies, so the supernatural myths of the corpse as the harbinger of evil spirits no longer makes the incumbent evil. Time converted him into a labourer/handyman, now mainly in the employ of a local authority.

Similar to others who work with death, the grave digger cannot isolate himself from its association with what are perceived as the waste products of society and the stigma attached to it. He too has a self-concept about the work; and he too often suppresses anger at the community that fails to appreciate the psychological stress of a daily exposure to people in grief, apart that is, from the intrinsic nature of the manual aspects of the job itself. With some local communities, negative images still exist. There the grave digger has not been able to rid himself of the moral perceptions of his 'turf': that he is a figure of evil, corruption and mystery. Aside of the myths and biases, how does the grave digger come to terms with his work? Petrillo's recent survey confirms my earlier case findings on the least favoured characteristics of the job: having to bury children, working in bad weather, disinterring bodies and seeing families mourn. My respondents (unlike Petrillo's) did not complain about hectic work schedules, but found winter weather to affect their health despite the 'governor paying for protective clothing'. My interviews confirm that incumbents like working out in the open, but are aware that they dig holes and bury coffins not people, that they are integral to the funeral service

yet distant from the rituals and that their invisibility, minimal involvement in decision-making and the constant reminder of their own mortality, requires that they develop their own individual mechanism to help them to cope.

Although one can refer to a sort of 'conjugal' social network relating to occupational roles as part of the body disposal package only metaphorically (as Bott, 1971),[41] the loose-knit connectedness brought into this marriage between undertaker and embalmer will probably make for a closer dependency relationship. This means in many cases that an embalmer serves one major client (the funeral director) but may have other assignments to supplement the field. The grave digger is a more distant constituent as he usually works under the control of the superintendent of the cemetery concerned. By the time the funeral party arrives at the grave, the (while-coated) embalmer is no longer a part of the scene. Instead, one can spot in this new setting grave diggers in wellington boots and working apparel in visible contrast to the meticulously attired undertaker and mourners, which makes the social differention all too obvious.

Forensic pathologists operate on a different level entirely and have no involvement in burials or cremations. As fully-fledged doctors of medicine, they are high up in any occupational status scale. But their sub-specialty makes them an ambivalent breed, that is among other specialists in medicine and vis-a-vis the public. Professional disunity in pathology may revolve around the question of who are and who are not healers, may be around the split of 'town and gown', may

revolve around scientific concepts such as the challenge of the morphological paradigm by the bio-chemical, or it may be political and involve conditions under which forensic pathologists will work if the hospitals that employ them opt out of NHS control. Some of these matters have been discused in some detail already (see Chapters 7 and 8), but there is still no news about the implementation of the (now 2-year old) Wasserman Report,[42] which leaves the profession in limbo; but more of that later.

In relation to public image it is interesting to note that following the Silver Jubilee of the British Association in Forensic Medicine some years ago, the College employed a public relations firm whose message about the profession did not take the direction the doctors wanted and 'miffed' them more than a little. The publicity began by saying that pathology must rid itself of the image of Sherlock Holmes or Quincy, or words to that effect, and the campaign was markedly directed towards emphasising to the public that its perception of pathology as being autopsy work was ill founded. Senior members of the profession feel that the campaign went a little too far in trying to dissociate it from autopsy work, and they have little idea how successful the venture has been, for in spite of a large number of press notices having been sent out this seemed to have aroused only a meagre response.

The question is how forensic pathologists want to present themselves to the world. The (then) President of the International Association of Forensic Sciences at the Triennial Conference of 1984 in Oxford[43] made this very clear:

> 'We can work hard towards the perfection of our crime investigation and legal procedures so that the advances of science may be cautiously and efficiently incorporated in them. We can do much towards education in the forensic sciences and towards the definition of criteria for the qualification of experts. We can oppose vigorously the efforts of any government to use pseudo scientific and pseudo medical criteria and practices to further its own political doctrines. We can support those of our colleagues who find themselves in a position where oppressive authority, benign or malign, chooses to exert power to make the individual expert give an opinion more to its liking. Without falling into the snare of believing that we ourselves are the sole custodians of truth we should seek, as often as possible, to provide a factual basis to crime investigators and courts upon which decisions may be based. Not that such decisions will always be right but at least a conclusion based on correct axioms is more likely to be a correct conclusion than one based upon factual error!'

One would assume from even that short paragraph that public relations specialists could build a good case. Also, one would have thought that the Holmes and Quincy association with crime detection would help (and has helped) in the elevation of esteem and public interest that the profession has managed (over the years), and still manages now to convey. A lay person may be quite vague on how a gift of forensic detection, based on science, can help the police to establishd whether foul play is involved. An example may best illustrate this. The remains of a number of adult men were discovered down in the New York underground transport labyrinths and taken to the city morgue for establishing the cause of death. These deceased were homeless derelicts known to the local police for vagrancy. As the bodies were found on, or close to the tracks, and badly mangled by the passing trains, suicide or homicide seemed plausible explanations. The city has many homeless and suicide seemed a ready possibility. The destitute also run the risk of the brutish sadism of other outcasts and

murder could not be discounted. Accident was not likely as the passages of the subway system were too familiar to these men who obtained comfort from this fixed domicile. The anatomical finding common to all the victims was an utterly carbonized penis. A reconstruction established that the location provided nightly shelter, accompanied by drinking sessions of hard liquor. Without the need to establish scientific physiology it was plain that frequent libation and a cold-ambient temperature would stimulate the urinary function. With bladders full to capacity, the men had looked for a secluded spot down the subway to relieve themselves of the fluid by the edge of the platform when no passengers were around. The stream of urine jetted from their bladders to the tracks and as soon as it touched, thousands and thousands of the volts of electricity that is normally needed to move commuters, conveniently found an alternative route in the salt-rich fluid by lightning speed into the bodies of these unwary vagrants. (Abbreviated version from Crussi, 1986).[44]

Forensic pathologists are quite literally medical detectives whose work concerns the outward structure of death, with frequently the horried consequences of violence on the exposed human body, apart from the moral contribution of their science, of which an essential part is to gather evidence that may be questioned in court. There is much risk and there are many imponderables even in scientific respectability as for example: was a window open or shut; was the right hand raised; did the victim at the moment of death look right or left? Facts related by a Consul in a talk to a group of lawyers and doctors will make this clear. It was the case of a young man who died in an African

country of a fall from the window of a locked third floor hotel room. A local pathologist concluded from an initial examination that the injuries were the result of an assault before he either fell or was pushed from the window. The body was returned to this country with the case file, on condition that the matter was fully investigated. Later, three forensic pathologists disputed not only the original conclusions but also each others. One of the three, an acknowledged expert, was of the opinion that the injuries were totally consistent with having dived head first from the window. But the major dawback to this conclusion was the location of the body when discovered, which was too close to the building for this opinion to be acceptable. Subsequently British police visited the country (at great expense to local ratepayers) and discovered that it had started to rain when the deceased was found, causing the police on the scene to move the body for convenience into shelter, only later to return it, although not to its original position, and thus inadvertently misleading the crime investigators. (Lindsay, 1990).[45]

The nature of forensic pathology work and the position of its incumbents as it is today (1991), can be further illuminated by information just to hand of what is the typical working day of a senior consultant at a university hospital in that field. He has diaganostic responsibilities for doctors in training; teaches medical students; supervises the work of young pathologists and medical technicians; lectures to outside organisations; participates in research projects; writes papers; does administrative and committee work in the hospital and in the medical school; participates in the activities of other

bodies, such as the Royal Institute of Public Health and Hygiene, the British Medical Association and as a member of a Government Advisory Committee to a foreign government and in industry. Of course, his work as a coroner's forensic pathologist may also require attendance at a Crown Court, and when difficult diagnosis is involved, consultations with colleagues affecting other specialities and quality control. It would be rather difficult to quantify the time spent on all these activities and the consultant makes the point that colleagues may apportion their time quite differently. I now come to discuss the implications of the Wasserman proposals as these are likely to profoundly affect the conditions under which the specialty will operate in the future.

The Wasserman Committee, appointed by the (then) Home Secretary Leon Brittan deliberated for five years and issued a report in April, 1989. The current Home Secretary at that time accepted the report in July, 1990 and senior members of the profession have been pressing for action since. The Royal College of Pathologists informs me that the first meeting of the Advisory Board (PABFP) includes a representation of the Chief Police Officers (ACPO), Coroners, the Crown Prosecution Service, a number of leading practitioners from the universities and the National Health Service (NHS), and its aim is to oversee the changes recommended in the report and guide this vital part of the criminal justice system towards a healthy future. As Mr. Wasserman explained in his lecture to members of the Medico-Legal Society last year in April, the word 'service' may be a misnomer since there exists no actual forensic pathology service. There is only a limited number of

practitioners who acquired a certain level of expertise in the investigation of suspicious death and are willing to apply their skills in the investigation and detection of crime. But there is still no-one in charge, no management, no full-time employees, no structure, no forward planning. Thus, although there wasn't a 'service' to provide, the 'service' was running well - 1,500 cases handled each year, with negligible costs, no Home Office resources and the Metropolitan Police obtaining the information absolutely free of charge. It worked well as a by-product of a good forensic medicine curriculum in medical schools, where it was an integral part of training for undergraduates in eight provincial universities and six teaching hospitals in London. That was the situation as recently as 25 years ago and by 1984, 27 of the 46 pathologists held university appointments.

The downhill progression started at about 1953, when the academic interest in this subject began to wane. Mr. Wasserman reminded those present of how it came about: other subjects taking the place of forensic pathology in the curriculum and subject lecturers' places beginning to contract, there were fewer lectures, fewer posts and no examinations; these are among a number of reasons already discused in my chapters. The consequence of these changes was that departments could not be sustained on the basis of police work alone, especially so on a pay of £39.50 for the first 90 minutes and £19.70 for subsequent hours or part thereof. The fall of appointments in this specialty outside London was dramatic, but NHS consultants came to the rescue to take up the slack. The Wasserman Committee did not feel that it made much sense to rely on the NHS as in any case its terms of reference do

not provide for such a service. Hospital pathologists' main function is to give a pathology and post-mortem service for hospital patients, but they were willing to help out and allowed to keep their fees. However, the Committee argued in the report that they did not wish to see the Forensic Pathology Service in England and Wales become the exclusive preserve of the NHS. The Committee want to see a retention of a strong university interest in this subject to encourage the next generation of practitioners to be trained and the frontiers of the subject to be advanced. The aim is to achieve a balance between NHS practitioners and those based in the medical schools. The philosophy, underpinning the proposed changes needs to be explained as this takes us right into the present.

New thinking in Whitehall on the concept of 'service' is based on the Ibbs Report (Improving Management in Government, 1988)[46] and the Wasserman proposals needed to fall into line with this report. The key ideas are that service delivery must be improved by increasing accountability in a particular way; that is by a greater responsiveness to customers' needs, by using the price mechanism as a signal for these needs and by using competition as a spur to better value for money. These, said Mr. Wasserman, are very important concepts: the concept of the market, price mechanism, competition, flexibility, the customer being king. The Goverment believes very strongly that these concepts should underlie the delivery of services, including that of forensic pathology. This would mean that the costs of the service, now borne largely by the NHS, the universities and the London medical schools, should in future be charged fully to the

customer who benefits (the police, including the Home OFfice), and that should be the case without any sacrifice of quality. The Home Office is to ensure that the 'market' for a Forensic Pathology Service is such that supply and demand are equated. I should like now to discuss briefly the responses to these proposals from some senior members in the profession.

It is clear to all interested parties that the downward spiral of despair in which this specialty is trapped, and the various manifestations of an inner career angst that individual members feel, has to be arrested. However, the philosophy of the market and the general ethos of commercialisation of the service, does give cause for concern, not least becauses it implies competition and advertising one's wares. Hence, it is easy to visualize a hospital to placard its offerings thus: 'Police, Coroners, come to X-hospital for best autopsies, modernised mortuary, speedy service by experts, discounts for quantities'. Forensic pathologists have welcomed the more constructive parts of the Working Party's Report. They have no objection to professional accountability, maintenance of standards, and a discipline and complaints procedure. One of the leaders in the specialty forsees departments and common interest groups in different areas concluding exclusive negotiations with their client police forces, so that a reasonable standard of service in return for a reasonable level of payment is assured, and any attempt to introduce 'cut price cowboys' is nipped in the bud. Another very important and respected senior person speaking for the profession advises that the doctors are generaly happy with the Wasserman proposals, realising it

is the best deal obtainable in the present state of the economy. They have assuaged the worst potential effect from 'market forces' by insisting on strict criteria for admission to the Home Office list, which will keep out the 'cowboys'. There is also an informal agreement on the level of fees, so that really they have sabotaged the 'free market' by forming a cartel of financial uniformity. The extra income is mainly to departments rather than individuals in the full-time scene (though so far, the NHS Home Office pathologists seem to be on a good wicket, being allowed to keep their fees). Already there are indications that new junior recruits are attracted and that the promise of several Wasserman-funded Senior Lecturerships may rescue several departments from decline.

Occupational Marginality - A Consequence of the Janus Function

Groups and individuals within any particular system may well rank high on one dimension of stratification and low on another. The social and psychological consequences of such structured inconsistencies in status-sets often cause strain and may result in deviant adaptation. In America for example, pathologists are the 'marginals' of medicine. Not only do most physicians associate their routines as the 'dirty work' in medicine, the folklore of the medical subculture portrays pathologists also as social misfits who couldn't 'make it' in another specialty. In contrast, the values of American society are said by sociologists (like Parsons) to be 'activist' or 'action-oriented', with this subculture awarding high prestige in medicine to those who 'do' or

'cut and sew'. The surgeon is an activist in this case. Pathologists demonstrate their marginality also by their uncertainty as to whether they should identify with basic science (academic medicine, research) or the clinicians (Schiller, 1977).[47] Marginality can be reflected in intra-professional rivalry too. One eminent professor in this country is of the opinion that there is not so much tension between forensic pathologists and laboratory pathologists as there is sneering and rivalry between full-time forensic pathologists and NHS consultant pathologists in hospitals, the latter (based mainly on the standard of 'production-line' forensic autopsies in London) alleging that they do a quick, superficial autopsy. In fact, the reverse is often true, certainly in respect of the non-London departments. Many of the coroners' autopsies performed by NHS pathologists (who incidentally retain the money as Category II fees) are so bad as to be almost fraudulent and the professor hopes to persuade the Home Office to set up a quality control survey to monitor standards. In a sense, all pathologists need the laboratory and my informant does not think that one can apply American criteria in Britain, as the former are largely in private practice syndicates with endless rivalry and commercial backbiting.

Marginal jobs used to be identified by the minimal training required and poor conditons of work. Some empoloyers may seek a small establishment of such workers because they can thereby conveniently keep the relationship loose, notwithstanding the higher labour turnover costs. Deviant, unstable, part-time or black-economy work, fall into this category and marginality usually arises through job content, job

obsolescence or a deliberate creation of such work. I have included in Appendix 3 case examples of occupations which may be defined as marginal, outsider, borderline, peripheral or liminal. They are seen as flawed in society and members discredited by the attachment of a stigma label. The association with death adds another fearsome dimension to this marginality because the work is gruesome and repulsive to a lay person, and to incumbents carries the danger of contamination, damage of health in other ways, various risks by way of mistakes in work routines and a resulting reputational discredit. Death work is taboo work mainly through handling what is perceived as the waste products of society. Job holders often attempt to suppress alienation directed at a community which is unappreciative of the psychological stress their work entails, and for which a provision for counselling does not yet seem to exist. Incumbents have also to cope with image problems and the question is frequently posed by those researching the field as to how much public dissatisfaction has to do with a death orientation that makes this industry a cultural scapegoat for our failed immortality.

The idea of the 'marginal man' was first developed by Robert Park (1928) and defined as a person on the margin of two cultures and two societies, who could never adapt to either. It was Everett Hughes however (one of Park's students) who later related the concept to the sociology of work (1958). The dimensions of marginality in death occupations and professions have been shown to express themselves in various ways that can generate (and have so generated) stigmatization. Chapter 2 gives an indication of the complexities of stigma and how it

can be viewed from a number of theoretical perspectives. I will finalise my concluding discussion by suggesting below how this concept provides some scope for further research.

The Concept of Stigma - Substantive or Syndromic?

The term 'Janus Function' has been used in Chapter 2 above to reflect the existence of forces which act to weaken or minimise the stigmas attaching to the respective occupation or profession (or work) to enhance the status of the latter. Examples may be found at the end of Chapters 4, 5, 6, and 8. As it is possible for more than one kind of stigma to attach to an occupation, one is immediately confronted with a poser that there may be different kinds of stigma. To illustrate with the help of the fine semantics of language, we can have physical stigmas, mind stigmas, situation stigmas, moral stigmas, natural stigmas, acquired stigmas, temporary stigmas, gender stigmas, race stigmas, habit stigmas, transmitted stigmas, pseudo stigmas (pretended), power stigmas (oppressive), needs stigmas (deprivation), occupational stigmas and death stigmas. Clearly, this jumble of possibilities begs for a classification. One could think of several ways in which some kind of categorisation may be achieved. Ascribed and achieved stigmas may form a core. Goffman's basic types of physical, conduct and tribal stigmas and the manner in which these may be carried (in either discredited or discreditable fashion), anatomize the causal elements from which he later abstracted derivations. By and large, journalistic practices have been confined to make substantive

use of the concept (as the assembled journal and newspaper cuttings in Chapter II. (p. 30-A)show, with the kind of stigma only discernible in context. But the complexity of stigma does not end there. One can also distinguish stigma variations, namely causes, characteristics, effects, responses, levels and dimensions. The latter two allude to possibilities of measuring the stigma. (A short paper of such possibilities is included in Appendix 5.) Other more recent attempts by some sociologists (following Goffman) to make sense of stigma took the form of breaking the term down into related elements: Jones and his trinity of casual encounters, role-based and close relations and Schoham enlisting a psychogenic association (an illness with no organic basis), as well as presenting the actor as an object of blemish and stigma as an act of power. Chapter 2 elaborates on the ideas of these authors further. My own attempts at identifying the attributes of occupational stigmas in the hospitality industry might also be mentioned in context at this stage. (See Chapter 1 above and previous research, Saunders, 1981, 1982 and 1987).[48][49]

There is ample scope for researching the concept of stigma further, each subsequent contribution adding to its theoretical refinement. The social values relating to death are in a state of transition and need to be looked into further. The suicide rates of those in death occupations are about three times as high as the average in most other occupations and this calls urgently for new research initiatives in this field. Physicians (in America, by way of example) have an inordinate fear of death; is this so for this country also? Should death-related professionals seek help from vocational psychologists to

cope better with their anxieties? Why are death-related occupations still mainly male-dominated? We are not sure. Psychologists might be interested to discover whether a low score (or orientation) on death anxiety indicates either low anxiety or high denial. Or, whether the greater a forensic pathologist's experience, the more he tends to become insulated from a sensitivity to the handling of cadavers; and, whether a greater experience in the profession makes him immune from pathological grief? Since forensic pathology work entails probability and risk, can this be mathematically calculated? The possibilities for further research in all four occupations examined in this thesis are innumerable. Then there is also the question of measuring the stigma effect. Chapter 2 above (pages 94 and 117) gives an indication how this had been attempted by soliciting responses from a sample of 'normals' (Ainley et al, 1986), or by deviations from a given list of traits to locate a (so-called) ideal person (Schur, 1979). A more recent attempt at measuring stigma took place at the Addenbrooke Hospital in Cambridge by way of grading some 40 diseases in a hierarchical order on the basis of public attitudes to establish the location of the various stigmas deriving from these diseases (Davies and Morris, 1989-90).[50] I myself have suggested six further methods (Continuum Scale, Divergency Diagram, Venn Diagram, Unscaled Measure of Occupational Prestige, Attitude Measure of Stigma and a Measure using Weighted Indicators of Stigma). All these methods are experimental and untested and could be the subject for further research. They are discussed in greater detil in Appendix 5.

My previous research has already shown how the use of certain tools and materials in a job can demean the status of the user, and how the handling of particular waste products can carry symbolic ratings which reflect on incumbents handling them in such a way as to confer stigma. (Saunders, 1981). It remains to be seen whether (in the Addenbrooke Study, for example) such stigma characteristics applying to diseases engender also occupational stigmatization in this case on the death professions associated with the various body-handling processes such as those discussed in detail in the chapters of this thesis. Further investigations would clearly prove fruitful into this segment of the sociology of occupations and the burgeoning sociology of death which transcends mere morbid curiosity and fears which we all share (and have been discussed earlier) with regard to the social mechanisms devised by societies to deal with its most painful and irrevocable event - death. Such concerns raise more profound questions that could only be touched on here as to why and how social values, norms and occupational roles associated with death, become subject to reappraisal and redefinition within the complex processes of social change endemic in modern society.

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